MAXIMUS Federal Services

Case Number:	CM15-0134404		
Date Assigned:	07/22/2015	Date of Injury:	10/30/2014
Decision Date:	09/08/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female, who sustained an industrial injury on 10-30-14. The injured worker has complaints of neck pain, right shoulder pain, left knee pain and lower and upper back pain. The documentation noted that there is tenderness to palpation of the bilateral trapeze C3-C4 spinous process, C4-C7 spinous processes, cervical paravertebral muscles, spinous processes and suboccipitals. There is muscle spasm of the cervical paravertebral muscles and cervical compression causes pain bilaterally. No neurologic exam of the cervical or lumbar spine is documented in the records available for review. There is tenderness to palpation of the anterior knee, inferior border of patella, lateral knee and medial knee. The diagnoses have included cervical sprain and strain; rule out cervical disc protrusion and thoracic sprain and strain. Treatment to date has included naproxen; omeprazole; cyclobenzaprine; topical cream and magnetic resonance imaging (MRI) of the cervical spine on 6-9-15 showed C3-4 broad- based disc herniation that indents the spinal cord producing spinal canal narrowing combined with facet and uncinated arthropathy and there is bilateral neuroforaminal narrowing. The request was for magnetic resonance imaging (MRI) of the lumbar and cervical spine without contrast and magnetic resonance imaging (MRI) of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI (magnetic resonance imaging) of Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293, 295, 303.

Decision rationale: MTUS Guidelines do not support the routine use of MRI studies for the lumbar spine unless specific medical indications exist. The Guidelines also recommend certain minimal standards of examination to justify MRI studies. These Guideline standards are not met in this individual. Although the medical history states there is occasional foot numbness, there is no neurological exam documented. No sensory, motor or reflex testing is recorded. No red flag conditions are reported. According to Guideline standards, this is an inadequate evaluation to justify MRI scanning. Under these circumstances, the MRI (magnetic resonance imaging) of Lumbar Spine without Contrast is not supported by Guidelines and is not medically necessary.

MRI (magnetic resonance imaging) of Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169, 171, 177-178.

Decision rationale: MTUS Guidelines do not support the routine use of MRI studies for the cervical spine unless specific medical indications exist. The Guidelines also recommend certain minimal standards of examination to justify MRI studies. These Guideline standards are not met in this individual. Although the medical history states there is occasional hand numbness, there is no neurological exam documented. No sensory, motor or reflex testing is recorded. No red flag conditions are reported. According to Guideline standards, this is an inadequate evaluation to justify MRI scanning. Under these circumstances, the MRI (magnetic resonance imaging) of cervical spine without Contrast is not supported by Guidelines and is not medically necessary.

MRI (magnetic resonance imaging) of Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208.

Decision rationale: MTUS Guidelines support MRI studies of the shoulder if there is persistent pain associated with the rotator cuff that is not responding to conservative care for at least 3 months. This individual meets these Guideline standards. The request for the MRI (magnetic resonance imaging) of Right Shoulder is supported by Guidelines and is medically necessary.