

Case Number:	CM15-0145975		
Date Assigned:	08/06/2015	Date of Injury:	02/15/2015
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 2-15-2015. Diagnoses include cervical dorsal sprain and impingement of the left shoulder. Treatment to date has included modified work and medications. Per the handwritten Primary Treating Physician's Progress Report dated 6-29-2015, the injured worker reported pain in the cervical spine and left shoulder. Physical examination revealed tenderness to the dorsal spine and acromioclavicular joint area. There was tenderness to the anterior and lateral left shoulder. The plan of care included physical therapy and acupuncture. Authorization was requested for magnetic resonance imaging (MRI) of the dorsal spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of dorsal spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14) - Online Version, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for neck, thoracic, and left shoulder pain. When seen, there was decreased cervical spine range of motion. There was shoulder tenderness with positive impingement, Yergason, and Speeds testing. There was decreased upper extremity strength and left hand sensation. There was cervical and dorsal (thoracic) spine tenderness. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. The claimant was being referred for conservative treatments. There are no identified red flags or neurological findings that would support the need for obtaining an MRI scan of the dorsal spine, which was not medically necessary.