

Case Number:	CM15-0183985		
Date Assigned:	10/15/2015	Date of Injury:	09/25/2014
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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 42 year old female, who sustained an industrial injury on 9-25-2014. The injured worker is undergoing treatment for: cervical sprain and strain, myofascial pain, and right shoulder sprain and strain. On 8-18-15, 9-15-15, and 10-8-15, she reported neck and right shoulder pain rated 5 out of 10. She reported dizziness and weak legs after taking Tramadol and indicated she also had intermittent headaches. She indicated her head pain with headache at times can last 2 days and would rate the pain 10 out of 10. Physical findings revealed tenderness in the neck and right shoulder, and decreased right shoulder range of motion. The treatment and diagnostic testing to date has included: medications, TENS unit, magnetic resonance imaging of the head and right shoulder (9-14-15) results not documented; home exercise program, ice and heat. Medications have included: Naproxen, Flexeril, Omeprazole, Lidopro, Gabapentin, and Sumatriptan Succinate. The records indicate she has been utilizing Sumatriptan Succinate since at least June 2015, possibly longer. Current work status: off modified work until 10-30-15The request for authorization is for: one magnetic resonance imaging of the head and right shoulder and Sumatriptan Succinate 50mg, and 2 pairs of electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the head and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Head (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging) (2) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in September 2014 when she struck her right face and head against an unfinished wall. She is being treated for a cervical spine strain/sprain, head contusion, and right shoulder injury. When seen, she was having right shoulder pain rated at 5/10. She was having head pain with headaches rated at 10/10. Her headaches were lasting at times up to two days. Physical examination findings included right supraspinatus tenderness. Sumatriptan was prescribed and authorization for MRI scans of the head and right shoulder were requested. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, when the request was made, there were no physical examination findings that support right shoulder instability or a labral tear and no findings of positive impingement testing or rotator cuff weakness that would support the need for an MRI of the shoulder. Applicable indications for obtaining an MRI of the brain / head are to evaluate neurological deficits not explained by CT. In this case, there are no reported neurological deficits. Obtaining an MRI of the brain / head is not considered medically necessary.

Sumatriptan Succinate 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Triptans.

Decision rationale: The claimant sustained a work injury in September 2014 when she struck her right face and head against an unfinished wall. She is being treated for a cervical spine strain/sprain, head contusion, and right shoulder injury. When seen, she was having right shoulder pain rated at 5/10. She was having head pain with headaches rated at 10/10. Her headaches were lasting at times up to two days. Physical examination findings included right supraspinatus tenderness. Sumatriptan was prescribed and authorization for MRI scans of the head and right shoulder were requested. Triptans are recommended for migraine sufferers. In this case, the claimant's headaches are not adequately described and a diagnosis of migraine headaches is not established. Prescribing Sumatriptan is not medically necessary.