MAXIMUS Federal Services

Case Number:	CM15-0187098		
Date Assigned:	09/29/2015	Date of Injury:	03/05/2015
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of March 5, 2015. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine, MRI imaging of the left shoulder, and MRI imaging of the lumbar spine. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant reported complaints of neck, shoulder, and low back pain. The attending provider gave the applicant diagnosis of cervical radiculopathy, left shoulder impingement syndrome, and left lumbar radiculopathy. The applicant was using Motrin for pain relief, it was reported. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work, the treating provider acknowledged. Painful shoulder range of motion with positive provocative strength was appreciated with positive left-sided leg raising and positive left-sided Spurling maneuver also reported. The applicant was given a 35-pound lifting limitation and asked to pursue MRI studies of cervical spine, lumbar spine, and left shoulder. It was not stated how (or if) the proposed MRI studies would influence or alter the treatment plan. It was likewise not established whether the applicant was or was not working with said 35-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the attending provider's August 26, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention or invasive procedure involving the cervical spine based on the outcome of the study in question. It was not sated how (or if) the proposed cervical or MRI would influence or alter the treatment plan. The fact that three different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for MRI imaging of the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the attending provider's August 22, 2015 office visit made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the shoulder based on the outcome of the study in question. It was not stated how (or if) the proposed shoulder MRI would influence or alter the treatment plan. The fact that three different MRI studies were concurrently ordered on the same date strongly suggested that said studies were in fact being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Finally, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304 imaging studies should be reserved for cases, in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the August 26, 2015 office visit at issue made no mention of the applicant's willingness to consider or contemplate any kind of the surgical intervention involving the lumbar spine based on the outcome of the study in question. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The fact that three separate MRI studies were concurrently ordered strongly suggested that said studies were in fact being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.