

Case Number:	CM15-0199563		
Date Assigned:	10/14/2015	Date of Injury:	08/07/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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 30 year old female with an industrial injury date of 08-07-2014. Medical record review indicates she is being treated for lumbar radiculopathy and cervical radiculopathy. Subjective complaints (09-25-2015) included episodes of pressure and pain in chest with radiation down her left arm with anxiety. Other complaints were increased weakness of the right upper extremity. The treating physician noted MRI of the lumbar spine was unremarkable and MRI of the cervical spine showed mild broad based disc protrusion eccentric to the right at cervical 6-cervical 7. She rated her pain as 8 out of 10. Work restriction (09-25- 2015) is documented as "no lift more than 10 pounds, no stoop, crawl, climb or overhead work." Prior treatment included physical therapy ("unable to tolerate") cane and home exercise program. Physical exam (09-25-2015) findings included bilateral tenderness and spasms of the cervical and trapezius muscles. Cervical and lumbar spine showed decreased range of motion. Sensory is documented as decreased in right and left upper forearms. On 10-01-2015 the request for MRI of the right shoulder and MRI of the cervical spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. The requesting provider does not document reasoning to support a request for MRI outside these guideline recommendations, therefore, the request for MRI right shoulder is not medically necessary.

MRI 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): Special Studies.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There is no evidence of nerve impairment or red flags in the available documentation. Additionally, the injured worker had a previous cervical MRI and there have been no interval changes that would indicate the need for a repeat cervical MRI, therefore, the request for MRI cervical spine is not medically necessary.