

Case Number:	CM15-0204484		
Date Assigned:	10/21/2015	Date of Injury:	03/11/2014
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on March 11, 2014, incurring left shoulder injuries. He was diagnosed with a left shoulder impingement syndrome, and acromioclavicular arthritis. Treatment included physical therapy and home exercise program, pain medications, anti-inflammatory drugs, muscle relaxants, topical analgesic patches, steroid injections and activity restrictions. On January 15, 2015, the injured worker underwent left shoulder arthroscopy and subacromial decompression with acromioplasty. Currently, the injured worker complained of persistent neck pain and left shoulder pain. He noted swelling and weakness of the left shoulder. The pain increased with lifting, pushing, pulling, gripping and grasping and overhead activities. The symptoms decreased with medications, icepacks and rest. He rated his pain 4-5 out of 10 on a pain scale from 0 to 10. He was diagnosed with thoracic outlet syndrome, left shoulder impingement syndrome and thoracic scoliosis. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the cervical spine and left brachial plexus. On September 24, 2015, a request for a Magnetic Resonance Imaging of the cervical spine and left brachial plexus 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 of the cervical spine, left brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Magnetic resonance imaging.

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

Decision rationale: Guidelines state that MRI imaging should be reserved for when red flag diagnoses are being evaluated. In this case, the documentation does not indicate presence of any red flags and there is no notation of upper extremity neurological deficits. Further it does not appear that the patient has exhausted conservative measures at this time. The request for MRI of the cervical spine is not medically appropriate or necessary.