

Case Number:	CM15-0219427		
Date Assigned:	11/12/2015	Date of Injury:	05/18/2015
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 shoulder pain reportedly associated with an industrial injury of May 18, 2015. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine. The claims administrator referenced an October 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an October 8, 2015 consultation, the applicant reported ongoing issues with right shoulder pain. The treating provider stated that the applicant had shoulder pain complaints radiating down the upper arm. The treating provider acknowledged that the applicant had no neck symptoms and no neurologic complaints, the applicant was described as symptomatic insofar as the shoulder was concerned. The applicant was given diagnoses of shoulder strain and shoulder tendonitis. The applicant was given diagnosis of possible cervical radiculopathy. Prior shoulder MRI studies of August 6, 2015 and September 4, 2015 were negative for any rotator cuff tear. The treating provider contended that cervical MRI imaging was needed to establish the presence or absence of radiculopathy emanating from the cervical spine, given the fact that 2 shoulder MRI studies were in fact negative.

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 without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The request for MRI imaging of the cervical spine was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-4, page 172 does acknowledge that no MRI study is indicated for applicants with suspected cervical radiculopathy for 4-6 weeks, here, however, the applicant had apparently been symptomatic for approximately 4-1/2 months as of the date of the request, October 8, 2015. The applicant was described as having atypical radiating arm pain complaints present on October 8, 2015, which, the treating provider contended, represented an occult cervical radiculopathy. Two prior shoulder MRI studies had been ordered, both of which were negative. Obtaining cervical MRI imaging to definitively establish or exclude the possibility of a cervical radiculopathy was, thus, indicated. Therefore, the request is medically necessary.