

Case Number:	CM15-0048497		
Date Assigned:	03/20/2015	Date of Injury:	08/12/2011
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old female, who sustained an industrial injury on 8/12/11. The handwriting in some of the treating physician notes submitted for review could not be consistently read with confidence. The injured worker has complaints of cervical spine that is dull an achy that radiates down between blades and mid back with limited range of motion of the shoulder. The diagnoses have included cervical disc disease; cervical radiculopathy; cervical facet syndrome; left shoulder rotator cuff tear and left middle finger sprain/strain. Magnetic Resonance Imaging (MRI) of the cervical spine on December 2011 showed multilevel degenerative disc disease and facet arthropathy. Magnetic Resonance Imaging (MRI) of the left shoulder showed what appeared to be a SLAP tear and Magnetic Resonance Imaging (MRI) of the left hand showed osteoarthritis in interphalangeal joints most severe at the third digit, where there was a proliferative bony changes and slight lateral subluxation at the middle phalanx relative to the proximal phalanx. The requested treatment is for Magnetic Resonance Imaging (MRI) of the left shoulder, cervical spine and lumbar spine. The documentation noted that the injured worker may be a candidate for cervical epidural steroid injections and possibly facet injections, but the need to review the Magnetic Resonance Imaging (MRI) prior to moving forward with these injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI imaging when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, or an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation reported the worker was experiencing pain in the neck, lower back, left shoulder, and part of the left hand. The handwriting in some of the treating physician notes submitted for review could not be consistently read with confidence. There was no discussion suggesting a condition such as those listed above, indicating the worker was a candidate for surgery, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the left shoulder is not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, left shoulder, and part of the left hand. The handwriting in some of the treating physician notes submitted for review could not be consistently read with confidence. There was no discussion detailing a nerve problem, suggesting this study was needed in preparation for surgery, or other supported issues. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back/ MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, left shoulder, and part of the left hand. The handwriting in some of the treating physician notes submitted for review could not be consistently read with confidence. Documented examinations did not describe findings consistent with an issue involving a specific spinal nerve. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region is not medically necessary.