

Case Number:	CM15-0057027		
Date Assigned:	04/01/2015	Date of Injury:	03/07/2000
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57-year-old male who sustained an industrial injury on 3/7/00 from a slip and fall resulting in right scapula fracture. He was treated with trigger point injections and several different options. He currently complains of constant neck pain that radiates up the head and down into the right shoulder. He has been overcompensating for the right shoulder pain and has developed left shoulder pain with intermittent pins and needles and numbness in the bilateral hands. He has right scapula stabbing pain. Advanced activities of daily living are limited due to pain. His pain intensity is 6-7/10. He has decreased range of motion in the neck. Medications are Norco, Gabapentin, Prilosec, Trazadone and Capsaicin cream. His dyesthesias down both arms has improved since starting gabapentin. Diagnoses include cervical radiculopathy; cervical facet arthropathy; cervical myofascial strain; carpal tunnel syndrome, right; occipital neuralgia. Treatments to date include acupuncture with temporary relief; two rhizotomies between C4-C7 with 3-4 months of relief; 2 epidural steroid injections with minimal benefit; transcutaneous electrical nerve stimulator unit providing short term relief. Diagnostics for review include x-ray of the cervical spine (7/9/14). In the progress notes dated 11/11/14 and 3/3/15 the treating provider's plan of care includes a request for MRI of the right scapula.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnosis is cervical radiculopathy. Pursuant to a February 4, 2015 progress note, subjectively, the injured worker complains of neck pain with right scapular stabbing. He also complains symptoms radiate into the hands and fingers. The treatment to date indicates the workup and treatment was largely rendered to the cervical spine with 35 sessions of acupuncture, two rhizotomies, trigger point injections to the neck and two epidural steroid injections with minimal benefit. On physical examination, there is no shoulder examination. The documentation indicates a positive Spurling's on the right to the tip of the shoulder, negative on the left. There are no plain radiographs of the shoulder. There is no clinical indication or rationale for an MRI of the shoulder. Consequently, absent clinical documentation with objective clinical findings of the shoulder with radiographic imaging of the shoulder, MRI right shoulder is not medically necessary.