

Case Number:	CM15-0059059		
Date Assigned:	04/03/2015	Date of Injury:	02/01/2014
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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 36-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 1, 2014. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve requests for cervical and shoulder MRI imaging. An RFA form dated February 27, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of neck pain radiating to the occiput, exacerbated by lifting, reaching, pushing, and pulling. Tenderness was noted about the shoulder on exam with hyposensorium about the right knee median nerve distribution. MRI imaging of the cervical spine was proposed to rule out any disk injury as a source of the applicant's ongoing pain complaints. MRI imaging of the shoulder was also sought to search for a rotator cuff tear. The applicant was placed off of work, on total temporary disability. There was no mention or discussion of how either study would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure involving the cervical spine based on the outcome of the study in question. The fact that multiple MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

MRI (magnetic resonance imaging) Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, tables 9-1 & 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Similarly, the request for MRI imaging of the shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the shoulder MRI and/or consider surgical intervention based on the outcome on the same. The fact that multiple MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or consider surgical intervention based on the outcome of the same. The attending provider did not explicitly state for what purpose shoulder MRI imaging was being proposed. Therefore, the request was not medically necessary.