

Case Number:	CM14-0117854		
Date Assigned:	08/06/2014	Date of Injury:	04/16/2012
Decision Date:	09/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 04/13/2012. The mechanism of injury was not submitted for review. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included surgical intervention to the shoulder with postoperative physical therapy, medication management, and physical therapy to the cervical spine. The injured worker was evaluated on 06/06/2014. It was noted that the patient had completed a course of physical therapy for the cervicothoracic spine. Evaluation of the cervicothoracic spine included tenderness to palpation and spasming of the paravertebral musculature with limited range of motion secondary to pain. The patient had intact sensation in the bilateral upper extremities with no evidence of motor strength deficits and deep tendon reflexes were equal and symmetrical. Evaluation of the lumbar spine at that appointment included slight tenderness of the lumbar paravertebral musculature with painful range of motion and a positive straight leg raising test bilaterally. The injured worker's diagnoses included status post left shoulder arthroscopy, postoperative adhesive capsulitis of the left shoulder, cervical spine myofascial sprain/strain, lumbar spine myoligamentous sprain/strain, peripheral nerve compression, Dupuytren's disease of the left hand, left knee sprain and patellofemoral syndrome of the left knee, internal derangement and lateral meniscus tear of the left knee, and lateral epicondylitis of the right elbow. A request was made for an MRI of the lumbar and cervical spine on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Neck and Upper Back Procedure Summary.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends cervical MRI for patients who have clinically evident radiculopathy to assess for nerve root compromise. The clinical documentation submitted for review does not provide any evidence that the patient has significant findings of radiculopathy. An MRI is not supported for an evaluation of axial back pain. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommends an MRI of the lumbar spine for injured workers with clinically evident radiculopathy that have failed to respond to conservative therapy. The clinical documentation does indicate that the patient has previously participated in physical therapy for the shoulder and cervical spine. However, there has been no documentation of conservative therapy directed towards the patient's lumbar spine pain complaints. Additionally, there is no documentation of decreased motor strength, lower extremity weakness, or decreased sensation to support radiculopathy. Therefore, an MRI of the lumbar spine would not be supported in this clinical situation. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.