

Case Number:	CM14-0141675		
Date Assigned:	09/10/2014	Date of Injury:	05/18/2010
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 50 year-old female with date of injury 05/18/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/07/2014, lists subjective complaints as pain in the neck and low back. Objective findings: examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and restricted range of motion. Lumbar spine had restricted range of motion with pain and tenderness and spasm of the paraspinal muscles. It was noted that the patient had positive neurological and orthopedic findings; but specifics were not given. Diagnosis: 1. Whiplash strain/sprain 2. Lumbar strain/sprain 3. Sciatica 4. Shoulder strain/sprain 5. Lumbosacral intervertebral disc displacement 6. Lateral Epicondylitis 7. Diabetes. Patient's surgical history was not provided in the medical records supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. The PR-2 associated with the request for a shoulder MRI is lacking in details of both the subjective and objective evaluation. The report makes reference to positive neurologic and orthopedic findings, but none are documented on the report. Without documentation of any of the above criteria listed in the MTUS, MRI of the shoulder is not medically necessary.