

Case Number:	CM14-0080734		
Date Assigned:	07/18/2014	Date of Injury:	12/19/2013
Decision Date:	09/30/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old man was reportedly injured on December 19, 2013. The mechanism of injury is listed as a motor vehicle accident. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of right shoulder pain. It was stated that the injured employee's neck pain, right elbow pain, low back pain, and left upper extremity pain have all improved. Current medications include Voltaren, soma, and Voltaren gel. The physical examination demonstrated diffuse tenderness about the right shoulder and abduction limited to 140 degrees. There was a positive impingement test. Examination of the lumbar spine noted diffuse tenderness with spasms and full range of motion. There was a normal examination of the cervical spine. Diagnostic imaging studies of the right shoulder showed a partial thickness tear of the supraspinatus and subscapularis tendon there was moderate tendinosis of the infraspinatus and the intra-articular long head of the biceps tendon. Degenerative changes were noted in the glenohumeral joint and the acromioclavicular joint. Previous treatment includes oral medications. A request had been made for an MRI of the lumbar spine, an MRI of the cervical spine, and physical therapy two times a week for six weeks for the lumbar spine, cervical spine, and right shoulder and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): electronically sited.

Decision rationale: The ACOEM Treatment Guidelines support and MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. According to the progress note dated April 22, 2014, the injured employee stated that the lumbar spine pain was improving and the physical examination only indicated tenderness and spasms. As such, this request for an MRI the lumbar spine is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: The ACOEM Treatment Guidelines support and MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. According to the progress note dated April 22, 2014, the injured employee stated that the cervical spine pain was improving and there was a normal physical examination of the cervical spine. As such, this request for an MRI the cervical spine is not medically necessary.

Physical Therapy two times a week for six weeks for the Cervical Spine, Lumbar Spine and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the progress note dated April 22, 2014, the injured employee states that his low back pain and cervical spine pain are improving. As such there is no indication for physical therapy at this time. Therefore the request for physical therapy two times a week for six weeks for the cervical spine, lumbar spine, and right shoulder is not medically necessary.