

Case Number:	CM14-0195510		
Date Assigned:	12/03/2014	Date of Injury:	12/18/2009
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

This is a 55 year old male who sustained a work related injury on 12/18/2009. The mechanism of injury was not provided. Per the Primary Treating Physician's Progress Report dated 11/06/2014 the injured worker reported persistent pain in his right shoulder and neck with radiation down the right upper extremity. Physical Examination revealed near full range of motion of the right shoulder, but he was complaining of a lot of pain. Impingement maneuvers are positive. Diagnoses included neck pain with radicular symptoms of the right upper extremity and right shoulder pain status-post surgical repair in 2010. The plan of care included continuation of medications, a second orthopedic consultation and magnetic resonance imaging (MRI) of the cervical spine. Work Status was modified to limited use of the right upper extremity and no lifting over 10-15 pounds. Magnetic resonance imaging (MRI) of the right shoulder is described as revealing prior shoulder surgery with residual tendinopathy and a tiny partial tear at the lateral edge of the supraspinatus tendon, otherwise negative. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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 indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had full range of motion, flexion and extension with reproducible pain and full left and right lateral rotation. The injured worker had tenderness throughout the paraspinal muscles extending into the right trapezius and a positive Spurling's and root tension test. The injured worker had muscle strength of 4/5 on the right upper extremity. Sensation was intact. The request was made for an MRI of the cervical spine to look at the injured worker's discs and nerves in the neck. There is a lack of documentation of a failure of conservative care. Additionally, the request as submitted failed to indicate the body part to utilize the MRI. Given the above, the request for an MRI procedure is not medically necessary.