MAXIMUS Federal Services

Case Number:	CM15-0010681		
Date Assigned:	01/29/2015	Date of Injury:	09/27/2011
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female with an industrial injury dated 09/27/2011. The mechanism of injury is documented as lifting a 5 gallon paint can that weighed approximately 40 pounds. She felt a pull in her right shoulder and severe pain in her neck and back. On 01/02/2015 she presented for follow up regarding right shoulder, cervical spine and right upper extremity problems. Physical exam of the spine revealed tenderness with decreased range of motion. On exam of the right shoulder she is able to abduct about 110 degrees and flexion is about 130 degrees but has a significant amount of pain during the exam. She has a positive Tinel and Phalen test on the right side. Prior treatment includes medication, physical therapy. X-rays, MRI and nerve study. MRI is documented by the provider as being consistent with partial thickness rotator cuff tear as well as AC (acromioclavicular) joint degeneration. Diagnoses are right shoulder tendinitis with impingement findings and functional loss, carpal tunnel syndrome of the right wrist, mild to moderate symptoms; chronic low back pain with right sided radiculopathy and chronic cervical strain. On 01/07/2015 the request for MRI of the lumbar spine and MRI of the right shoulder were non-certified by utilization review. Guidelines cited were ODG.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) indications for imaging-Magnetic resonance imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with right shoulder, cervical spine, low back and right upper extremity problems. The request is for MRI OF THE LUMBAR SPINE. The RFA is not provided. Patient's diagnosis on 01/02/15 included right shoulder tendinitis, with impingement findings and functional loss, carpal tunnel syndrome of the right wrist, mild to moderate symptoms, chronic low back pain with right-sided radiculopathy, and chronic cervical strain. Prior treatments included medication, physical therapy,X-rays, MRI, and nerve study. Patient is working. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).Treater is requesting a lumbar MRI to rule out pathology. Per progress report date 01/02/15, the patient was reluctant to pursue a surgical intervention. In regard to the lumbar spine, there are no documented subjective complaints of radicular symptoms although the treater lists as diagnosis chronic low back pain with right-sided radiculopathy. Exam findings do not show potential radiculopathy. There are no red flags, no signs or symptoms consistent with neurologic deficits. Although there was no prior MRI of L-spine, given the lack of indication, the request IS NOT medically necessary.

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) indications for imaging-Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck and Upper Back section, under MRI

Decision rationale: The patient presents with right shoulder, cervical spine, and right upper extremity problems. The request is for MRI OF THE RIGHT SHOULDER. The RFA is not provided. Patient's diagnosis on 01/02/15 included right shoulder tendinitis, with impingement findings and functional loss, carpal tunnel syndrome of the right wrist, mild to moderate symptoms, chronic low back pain with right-sided radiculopathy, and chronic cervical strain. Prior treatments included medication, physical therapy, X-rays, MRI, and nerve study. Patient is working. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations states:

Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ODG-TWC Neck and Upper Back section, under MRI states: Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Treater is requesting a shoulder MRI to rule out pathology. Per progress report dated 06/08/12, the patient underwent a right shoulder MRI study on 06/08/12 which revealed mild tendinitis and acromioclavicular osteoarthritis. In this case, there is no documentation or discussion of significant change in symptoms or findings. There is no discussion of neurologic deficit in the upper extremities, no red flags and no mention of a new injury either. The request is not in accordance with guideline criteria for a repeat MRI. Therefore, the request IS NOT medically necessary.