Case Number:	CM15-0015038		
Date Assigned:	02/03/2015	**Date of Injury:**	03/07/2013
Decision Date:	03/20/2015	**UR Denial Date:**	12/31/2014
Priority:	Standard	**Application Received:**	01/27/2015

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: Preventive Medicine, Occupational Medicine

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 38 year old female, who sustained an industrial injury on 03/07/2013. She has reported subsequent neck, back, bilateral knee and left shoulder pain and was diagnosed with cervical sprain/strain and multilevel disc displacement, cervical radiculopathy, left shoulder sprain/strain, left shoulder bursitis, lumbar spine multi level disc displacement, lumbar radiculopathy and bilateral knee sprain/strain. Treatment to date has included oral and topical pain medication and acupuncture. In a progress note dated 10/21/2014, the injured worker reported burning, radicular neck pain and muscle spasms with numbness and tingling of the bilateral upper extremities, burning left shoulder pain, back pain radiating to the legs and bilateral knee pain that was rated as a 5/10. Objective physical examination findings were notable for tenderness to palpation at both lateral aspects of the occiput and tenderness to palpation at the trapezius, splenius, scalene and sternocleidomastoid muscles, decreased cervical range of motion, tenderness to palpation of the muscles of the left shoulder with reduced range of motion and tenderness to palpation of the lumbar muscles with reduced range of motion and tenderness to palpation of the medial and lateral joint lines bilaterally. The physician requested authorization for MRI scans of the cervical spine, left shoulder and lumbar spine. MRI studies on the neck, low back and shoulder were performed in April '14. A prior lumbar MRI was performed in '13, but the exact date is not reported. Repeat MRI studies of the shoulder and neck are reported to have been repeated in Sept, Oct, and Nov of '14. On 12/31/2014, Utilization Review non-certified requests for MRI of the cervical spine, lumbar spine and left shoulder on 11/08/2014 noting that there was no documentation of objective documentation of neurologic

findings consistent with nerve compromise and no documentation of internal derangement , impingement syndrome or rotator cuff tear of the shoulder. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI of the cervical spine for DOS 11/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck; Magnetic Imaging Studies

Decision rationale: MTUs Guidelines do not address the medical necessity of repeat MRI studies. ODG Guidelines address this issue and do not recommend repeat spinal MRI studies unless there is a definitive change in the patients condition such as deteriorating objective neurological function. No significant changes are documented to necessity frequent repeat MRI scanning of the cervical spine. The requested repeat cervical MRI on 11/08/14 is not supported by Guideines and is not medically necessary.

Retrospective MRI of the lumbar spine for DOS 11/8/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back; Magnetic Resonance Scanning

Decision rationale: MTUs Guidelines do not address the medical necessity of repeat MRI studies. ODG Guidelines address this issue and do not recommend repeat spinal MRI studies unless there is a definitive change in the patients condition such as deteriorating objective neurological function. No significant changes are documented to necessity frequent repeat MRI scanning of the lumbar spine. The requested repeat lumbar MRI DOS 11/8/2014 is not supported by Guideines and is not medically necessary an appropriate.

Retrospective MRI of the left shoulder for DOS 11/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 209.

Decision rationale: MTUS Guidelines do not recommend shoulder MRI scanning unless there are red flag conditions, suspicion of a full thickness tear or a suspected surgical condition. This individual has had prior MRI testing which did not show any of these conditions that would support the necessity repeat MRI scanning for the shoulder. There was evidence of possible impingement syndrome, but repeat scanning for this chronic condition was not supported by any significant clinical changes. Repeat scanning on 11l08/14 would not be needed for surgical planning. The repeat shoulder MRI on 11/08/14 is not medically necessary and appropriate.