

Case Number:	CM15-0110723		
Date Assigned:	06/17/2015	Date of Injury:	05/01/2009
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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, Pain Management

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 69 year old male, who sustained an industrial injury on 05/01/2009. The injured worker is currently diagnosed as having chronic bursitis of right shoulder, frozen right shoulder, cervical degenerative disc disease with bilateral upper extremity and bilateral lower extremity radiculopathy, degenerative lumbosacral disc disease, and L5-S1 disc protrusion with annular tear. Treatment and diagnostics to date has included right shoulder surgery, right shoulder MRI on 03/11, which showed extensive arthritis, tendinitis, and 50% tear of rotator cuff, which had progressed from previous, physical therapy, steroid injections, and medications all without relief. In a progress note dated 11/12/2014, the injured worker presented with complaints of worsening right shoulder pain. Objective findings include decreased range of motion of right shoulder with pain. The treating physician reported requesting authorization for cervical spine MRI, lumbar spine MRI, and right shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): Table 8-7. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-7.

Decision rationale: Regarding the request for cervical MRI, CA MTUS and ACOEM guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no current indication of any red flags or neurologic deficit after failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested cervical MRI is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there is no identification of any current objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation of recently failed conservative treatment directed towards the patient's current complaints. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - 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 x Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for repeat MRI of the shoulder, CA MTUS does not address the issue. ODG cites that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no current indication of any significant change in the patient symptoms and/or findings suggesting a significant worsening of the patient's pathology or a new issue, which needs to be evaluated by MRI. In the absence of clarity regarding those issues, the currently requested repeat shoulder MRI is not medically necessary.