

Case Number:	CM15-0115377		
Date Assigned:	06/23/2015	Date of Injury:	04/25/2014
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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 33 year old female, who sustained an industrial injury on April 25, 2014, incurring right shoulder and low back pain after a heavy box fell on her shoulder and then falling to the ground. She was diagnosed with a shoulder sprain, lumbar sprain and cervical disc displacement without myelopathy. Treatment included physical therapy, work restrictions and modifications, muscle relaxants, neuropathic medications, pain medications and anti-inflammatory drugs. Currently, the injured worker complained of persistent shoulder pain and back pain. Back pain was worsened with bending and lifting and shoulder pain worsened with pushing, pulling and lifting. Her pain was made better with rest and medications. She had limited range of motion of the right shoulder and decreased sensation of the cervical spine area. The treatment plan that was requested for authorization included a cervical spine Magnetic Resonance Imaging, right shoulder Magnetic Resonance Imaging and a lumbar spine Magnetic Resonance Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) / Magnetic Resonance Imaging.

Decision rationale: CA MTUS/ACOEM Guidelines (2004) do not apply. According to the Official Disability Guidelines, magnetic resonance imaging is not recommended except if one the indications set forth by the said guidelines are met. In this case, the injured worker is noted to have sustained her injuries when a heavy box fell on her shoulder, which consequently caused her to fall on the ground. Based on the mechanism of injury and clinical presentation of this patient, the clinical presentation is suggestive that the injuries sustained were secondary to trauma and given that the injured worker's injuries is already chronic in nature there is no evidence that prior radiographs or CT-scan. Based on this information, the medical necessity of the requested MRI scan of the cervical spine is not established.

Right shoulder MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Imaging page 1645-1646.

Decision rationale: CA MTUS/ACOEM Guidelines (2004) do not apply. According to the Official Disability Guidelines, MRIs are quite accurate in differentiating chronic impingement from tears of the rotator cuff and should be employed when surgical approach is being considered, the diagnosis is unclear, and the clinical examination is limited. In this case, the requested MRI scan to the right shoulder can be considered as medically necessary. Records indicate that the injured worker's right shoulder objective findings is noted with tenderness over the right trapezius muscle, right rotator cuff area, and right acromioclavicular joint. Range of motion was limited by 25% on flexion and abduction. Impingement signs were also positive.

Lumbar spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI's (Magnetic Resonance Imaging).

Decision rationale: CA MTUS/ACOEM Guidelines 2004 do not apply. According to the Official Disability Guidelines, repeat MRI is warranted if there is evidence of a significant

change in symptoms and/or findings suggestive of significant pathology including tumor, infection, fracture, neurocompression, recurrent disc herniation. Review of this patient's records indicates that the injured worker has had a prior lumbar MRI and results/findings were non-contributory. Further, there is nothing in the provided records indicating of a significant change in the symptoms or objective findings suggestive of a worsening condition or any of the aforementioned indications. There is also no indication that plain radiographs have been made. Therefore, medical necessity of the requested lumbar MRI scan is not established.