

Case Number:	CM15-0120784		
Date Assigned:	07/01/2015	Date of Injury:	03/25/2012
Decision Date:	09/03/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, New York, 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 applicant is a represented 33-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 25, 2012. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for cervical MRI imaging and a spinal posture shirt. The claims administrator referenced a June 3, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said June 3, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain, 8-9/10. Ancillary complaints of bilateral upper extremity pain and paresthesias were reported. The applicant had received physical therapy and acupuncture in unspecified amounts over the course of the claim, it was reported. The applicant was given refills of Flexeril, Prilosec, and a topical compounded cream. Cervical MRI imaging and a spinal posture shirt of some kind were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's primary pain generator was the shoulder, the treating provider reported in the diagnoses section of the note. Intact cranial nerve testing was reported.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the applicant's presentation was not, however, seemingly evocative or suggestive of nerve root compromise emanating from the cervical spine. The June 3, 2015 progress note stated that the applicant's primary pain generator was the left shoulder. While the applicant did report complaints of upper extremity paresthesias, the treating provider did not elaborate or expound upon the nature of the same. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. Therefore, the request was not medically necessary.

Durable medical equipment: spinal posture shirt: 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), Low Back, Posture garments, IntelliSkin posture garments.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; 213. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 9.

Decision rationale: Similarly, the request for a spinal posture shirt was likewise not medically necessary, medically appropriate, or indicated here. It was not clearly stated precisely what this device represented. However, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that lumbar supports, an article essentially analogous to the spinal posture shirt at issue, are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 3, 2015, following an industrial injury of March 23, 2012. Introduction, selection, and/or ongoing usage of a lumbar support or posture shirt were not, thus, indicated at this relatively late stage in the course of the claim. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 also notes that prolonged usage of a sling, i.e., an article analogous to the posture shirt at issue, is deemed "not recommended." The Third Edition ACOEM Guidelines likewise note that shoulder supports, i.e., an article analogous to the posture shirt at issue, are deemed "not recommended" in the chronic shoulder pain context present here. The attending provider failed to furnish a clear or compelling rationale for provision of this particular shirt/support/garment in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.