

Case Number:	CM15-0164557		
Date Assigned:	09/22/2015	Date of Injury:	08/28/2014
Decision Date:	11/02/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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, 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 65 year old male, who sustained an industrial injury on August 28, 2014. He reported left upper extremity, neck and back pain after tripping on a rug and falling. The injured worker was diagnosed as having cervical spine sprain and strain, cervical degenerative disk disease, bilateral shoulder impingement and bursitis, lumbosacral sprain and lumbar spine let lower extremity parasthesia. Treatment to date has included diagnostic studies, physical therapy for the neck, back and shoulders, medications and work restrictions. Currently, the injured worker continues to report neck pain with painful range of motion, left upper extremity pain, neck pain and low back pain with pain, tingling and numbness radiating to the left lower extremity and right toes. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 7, 2015, revealed continued pain as noted. It was noted he last worked in September of 2014. Radiographic imaging of the cervical spine revealed mild diffuse osteopenia and degenerative changes. Bilateral shoulder x-rays revealed diffuse osteopenia and narrowing of the AC joint as well as type 2 acromion morphology on the right side and type 1 on the left. Lumbar spine radiographs revealed diffuse osteopenia, multilevel degenerative disc disease and multiple level narrowing, osteophyte formation and facet arthropathy with a partially lumbarized sacral 1 segment. It was noted he had previous magnetic resonance imaging (MRI) of the lumbar spine. The RFA included requests for MRI of the bilateral shoulders that was modified and MRI of the cervical spine that was non-certified on the utilization review (UR) on July 29, 2015.

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 Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: MTUS 2009 states that MRIs of the neck are an option to help identify focal neurologic compromise. The medical records available for review do not reveal any evidence of focal nerve damage for which an MRI would be appropriate. This request for a cervical MRI is not medically necessary.

MRI of the Bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS 2009 states that an MRI of the shoulder is an option after 4 to 6 weeks for conservative treatment. As the medical record states, the patient suffered a left shoulder injury after falling onto it. The clinical examinations of the shoulders reveal similar positive findings. However it's not clear why the right shoulder has the same findings the left shoulder. The clinical finding and the description of injury are not consistent. The medical records do not explain why an MRI of both shoulders is necessary in light of the inconsistency. Therefore, this request for bilateral MRIs is not medically necessary.