

Case Number:	CM15-0174830		
Date Assigned:	09/16/2015	Date of Injury:	08/03/2014
Decision Date:	10/16/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on 8-3-14. A review of the medical records indicates she is undergoing treatment for cervicgia, lumbago, and joint derangement of the shoulder. Medical records (2-25-15 to 7-15-15) indicate ongoing complaints of constant pain of the cervical spine, 8 out of 10, radiating to the upper extremities, low back, 7 out of 10, radiating to the lower extremities, and left shoulder, 7 out of 10. She also complains of jaw and facial pain. The physical exam (7-15-15) reveals the following: Cervical spine - paravertebral muscle tenderness with spasm on palpation and limited range of motion with pain. Sensation and strength are normal. Lumbar spine - paravertebral muscle tenderness with spasm on palpation, "guarded and restricted" range of motion, and positive seated nerve root test, Sensation and strength were normal. Left shoulder - tenderness around the anterior glenohumeral region and subacromial space. Positive Hawkins and impingement signs and "reproducible symptomology with internal rotation and forward flexion". The 3-30-15 progress report indicates that his activities of daily living are "moderately to severely impaired". It also indicates medications as Nalfon, Omeprazole, Flexeril, and Tramadol. Diagnostic studies have included x-rays of the cervical spine and an MRI of the cervical spine on 11-10-14. MRIs for the lumbar spine and left shoulder are "pending", as is an EMG-NCV study of the bilateral upper and lower extremities. Treatment has included medications, physical therapy for at least 12 sessions, a home exercise program, modified work duties, and a referral to pain management. The utilization review (8-14-15) indicates a request for authorization for an MRI of the left hip, left temporomandibular joint and cervical spine. The determination is denial of all requested

services. Rationale indicates "no examination of the left TMJ region and no discussion other than jaw pain in the history section. It is not clear why an MRI is necessary at this time".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left hip: 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) hip imaging.

Decision rationale: The ODG indicates imaging of the pelvis is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case, the provided documentation fails to show concern or objective finding consistent with any of the above-mentioned diagnoses. Therefore, criteria for pelvic imaging have not been met per the ODG and the request is not medically necessary.

MRI left TMJ, temporomandibular joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, head.

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

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states that MRI of the head is only indicate din the evaluation of prolonged alteration of consciousness, new injury super-imposed on old injury or unexplained neurologic deficits not explained by CT. The need for a TMJ MRI is not supported. There is no focused jaw exam that would require additional imaging or unusual physical exam findings. Therefore, the request is not medically necessary.

MRI cervical spine: Upheld

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

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to

progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for imaging of the cervical spine and the request is not medically necessary.