

Case Number:	CM15-0178153		
Date Assigned:	09/28/2015	Date of Injury:	10/07/2013
Decision Date:	11/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California

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 55 year old female who sustained an industrial injury on 10-07-2013. Records indicate that the injured worker was being treated for left cervical strain with left upper extremity C6 cervical radiculopathy, left shoulder SIS, left carpal tunnel syndrome, low back strain with left lower extremity lumbar radiculitis and gastroesophageal reflux disease with Ibuprofen. Treatment to date has included medications and physical therapy. According to an orthopedic qualified medical evaluation dated 12-16-2014, pain for the most part was centered at and diffusely about the left shoulder. The provider noted that by physical exam "I find no extreme problems". She had about full cervical and left shoulder range of motion and therefore extreme impairment could not be found. It appeared "medically reasonable to do usual and customary employment". The provider recommended a left shoulder and cervical MRI to rule out any severe rotator cuff disease and to rule out any severe large cervical disk hernia. The provider also noted that either could be cause for residual impairing but either was unlikely in the presence of her benign physical examination. According to a progress report dated 01-29-2015, MRI of the left shoulder performed on 04-22-2014 showed tendinopathy but no full thickness tear, fluid within the bursa suggestive of bursitis and no SLAP tear. According to a handwritten partially legible progress report dated 08-10-2015, subjective complaints included neck pain radiating to the left upper extremity, left shoulder pain and low back pain that radiated to the bilateral lower extremities. Pain level was rated 8 on a scale of 1-10. Objective findings included positive Spurling's sign, positive impingement, and positive Fabere. The treatment plan included MRI of the cervical spine, left shoulder and lumbar spine, Hydrocodone, Ibuprofen and Omeprazole. Work status included modified work. On 08-17-2015, Utilization Review non-certified the request for MRI of the cervical spine, MRI of the lumbar spine and MRI of the left shoulder.

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): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The physician states that there is no evidence of radiculopathy. The request for an MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. Prior x-rays of the spine were unremarkable. The request for an MRI of the lumbar spine is not medically necessary.

MRI of the left shoulder: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The claimant had an MRI of the left shoulder in April 2014 which did not show rotator or any acute pathology besides bursitis. The physician does not believe there is a rotator cuff injury. The MRI request of the shoulder is not medically necessary.