

Case Number:	CM15-0063612		
Date Assigned:	04/09/2015	Date of Injury:	01/16/2013
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 42 year old male, who sustained an industrial injury on 01/16/2013. Currently, the injured worker complains of left upper extremity pain, neck pain, shoulder pain and arm pain with numbness. Treatment to date has included medications and TENS unit. Medications included Tramadol and Flexeril given from a previous provider. He was also using topical medications which did not really help. He was awaiting authorization for an MRI of the cervical spine and shoulder. Diagnoses included pain shoulder joint, pain wrist/forearm, joint pain hand and joint pain elbow. Treatment plan included Norco, Lyrica, and a topical analgesic. Currently under review is the request for an x-ray of the cervical 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:

X-ray for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 179 Official Disability Guidelines -Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the ACOEM guidelines regarding cervical radiographs; "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended "in the absence of red flags." ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS; 1993.) None of which are noted in the available record concerning this IW. Further, previous x-rays are noted to have been done on this IW's cervical region, the radiology reports were not included in the available record but there was no indication that "red flags" were evident. As such the request for X-rays cervical spine is deemed not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines page 177-179 Official Disability Guidelines -Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." ODG states "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs negative; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" The treating physician has not documented a trial of conservative treatment, a positive impingement sign on the left shoulder, a labral tear or any evidence of neurovascular dysfunction. Also, the available record notes a prior plain film x-ray being done on this shoulder, the radiologists report is not in the record but there is no indication that any "red flags" were noted. As such the request for MRI left shoulder is deemed not medically necessary.