

Case Number:	CM15-0070736		
Date Assigned:	04/20/2015	Date of Injury:	09/13/2007
Decision Date:	05/21/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

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:

This 61-year-old male sustained an industrial injury to the back, neck and right shoulder on 9/13/07. Previous treatment included magnetic resonance imaging, right shoulder arthroscopy times two with manipulation, injections, physical therapy and medications. In a PR-2 dated 11/17/14, the injured worker complained of pain to the right shoulder, neck and low back rated 7/10 on the visual analog scale with radiation down the right leg associated with numbness and tingling. Physical exam was remarkable for cervical spine with tenderness to palpation, decreased and painful range of motion and positive axial compression and Spurling's tests bilaterally, right shoulder with tenderness to palpation over the deltoid, restricted range of motion and positive empty can-supraspinatus, impingement and apprehension tests, and lumbar spine with tenderness to palpation, decreased range of motion and positive straight leg raise bilaterally and bilateral Kemp's test. Current diagnoses included cervical spine disc displacement without myelopathy, cervical spine radiculopathy, lumbar spine disc displacement without myelopathy, sciatica, lumbar spine radiculopathy, right shoulder rotator cuff syndrome, gastroesophageal reflux disease and insomnia. The treatment plan included medications (Norco and Omeprazole) and magnetic resonance imaging of the lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints, special studies and diagnostic treatment considerations Page(s): 207-208.

Decision rationale: MTUS guidelines recommend that an MRI be performed when there has been a failure of conservative management. The provided medical records specifically state in this case that there has been a failure of conservative management. This patient is being evaluated by an Orthopedic physician who has requested this study. His physical exam does show a positive Spurling sign and positive Axial compression test bilaterally. Further evaluation with an MRI is prudent. This request is considered medically reasonable and necessary.