

Case Number:	CM15-0072007		
Date Assigned:	04/22/2015	Date of Injury:	06/30/2014
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/15/2015

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: New York
 Certification(s)/Specialty: Internal 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 (IW) is a 32 year old female who sustained an industrial injury on 06/30/2014. She reported pain in her left shoulder. The injured worker was diagnosed as having left shoulder bursitis and impingement. Treatment to date has included eight visits of physical therapy which did help alleviate her pain. Currently, the injured worker complains of pain in the left shoulder radiating up to the trapezius area and below the shoulder blade with radiation to her left armpit and chest and down to her left forearm. There is severe "shoulder" pain when the shoulder is in neutral position with the elbow flexed at 90% and her neck flexed. She is also having difficulty sleeping on her left side due to shoulder and arm pain. A request for authorization is made for a MRI (magnetic resonance imaging) of the Thoracic Spine and a MRI of the Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Thoracic Spine 72146: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM Guidelines state that for most true neck and upper back problems, special studies, such as an MRI (magnetic resonance imaging), are not indicated unless a neurologic deficit is documented on physical exam, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. There is no documentation of any neurological deficit(s) related to the thoracic spine to necessitate an MRI of the thoracic spine. Medical necessity for the requested service is not established. The requested closed MRI of the thoracic spine is not medically necessary.

MRI (magnetic resonance imaging), Cervical Spine 72141: Overturned

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: Cervical MRI.

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. In this case, the documentation indicates that the patient has persistent cervical radiculopathy with a positive Spurling's test on the left and hyporeflexia of the left biceps, triceps, and brachioradialis. There are neurologic findings on physical exam to warrant an MRI study. Medical necessity for the requested service is established. The requested service is medically necessary.