

Case Number:	CM15-0079096		
Date Assigned:	04/30/2015	Date of Injury:	12/01/2004
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: California
 Certification(s)/Specialty: Emergency 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 is a 62-year-old female, who sustained an industrial injury on 12/1/04. The injured worker has complaints of neck, right shoulder and upper and lower back pain involving the right arm and right and left upper and lower extremities with associated headaches. The diagnoses have included chronic right shoulder pain, status post right shoulder surgery with arthroscopic subacromial decompression with medial rotator cuff repair on 7/18/05; chronic left shoulder pain due to favoring her right shoulder; chronic cervical pain with multilevel disc bulges noted on the cervical magnetic resonance imaging (MRI) of 11/1/11; chronic thoracic myofascial pain and chronic lumbosacral myofascial pain. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder on 3/27/14; status post right shoulder surgery with arthroscopic subacromial decompression with medial rotator cuff repair on 7/18/05 and medications. The request was for magnetic resonance imaging (MRI) of the lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is noted normal neurologic exam with no dysfunction. Patient has chronic back pains that are unchanged in 6months of provided progress notes. There is no justification documented for why MRI of lumbar spine was needed for chronic, unchanged pain. MRI of lumbar spine is not medically necessary.

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury occurred over 10years prior. There is no documentation of prior conservative care. There is no documentation of worsening symptoms with noted normal neurologic exam with no dysfunction. Patient has chronic back pains that are unchanged in 6months of provided progress notes. There is no justification documented for why MRI of thoracic spine was needed for chronic, unchanged pain. MRI of Thoracic spine is not medically necessary.