

Case Number:	CM17-0002106		
Date Assigned:	01/09/2017	Date of Injury:	10/22/2016
Decision Date:	02/14/2017	UR Denial Date:	12/15/2016
Priority:	Standard	Application Received:	01/03/2017

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: Oregon, California, Wyoming
Certification(s)/Specialty: Neurological Surgery

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 case involves a now 54-year-old female with a history of an occupational claim from 10/22/2016. The mechanism of injury is detailed as a fall. The current diagnoses are documented as pain in left shoulder; cervicalgia; and postconcussional syndrome. Previous treatment included medications and physical therapy. The evaluation performed on 12/01/2016 indicated the patient had complaints of back pain, shoulder pain, leg pain, and headache. The patient also presented with dizziness. The patient reported a pain level of 7/10 to the back, 8/10 to the shoulder, and dizziness. The patient felt physical therapy was helping her shoulder and back. On examination, the patient had normal range of motion of the left shoulder with no instability noted. The patient also had normal strength. There was pain with neck rotation, abnormal paraspinal posterior tenderness, mild tenderness to the anterior musculature of the neck, and moderate tenderness noted on the posterior left shoulder. A Request for Authorization was received on 12/01/2016 for the requested services. The previous determination letter, dated 12/15/2016, indicated the request for MRI of the left shoulder was not medically necessary given the documentation did not indicate evidence of internal derangement or surgical disease. Regarding MRI of the cervical spine, the request is not medically necessary given there is no evidence of neuromotor deficits by which to consider neurologic impingement/discogenic disease. Results of preliminary x-rays were not provided. Regarding CT scan of the head, the request is not medically necessary given there is no evidence of neurologic impairment or loss of consciousness/amnesia. No seizure disorder was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): 326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 11/23/16).

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

Decision rationale: The ACOEM Guidelines state special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The documentation submitted for review failed to provide any significant complaints or physical examination findings regarding the left shoulder to warrant the need of imaging. The patient was also not shown to have failed conservative treatment given it was also noted physical therapy was helping. Given the above issues, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed until after a 3 to 4 week period of conservative care and observation fails to improve symptoms. The documentation submitted for review failed to provide any significant complaints or physical examination findings to warrant the need of imaging of the cervical spine. Therefore, the request is not medically necessary.

CT scan of the head: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (updated 11/22/16).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, CT (computed tomography).

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the request. The Official Disability Guidelines state neuroimaging is not recommended in patients who sustained a concussion/mTBI beyond the emergency phase (72 hours post-injury) unless the condition deteriorates or red flags are noted. MRI scans are generally recommended as opposed to CT once the initial acute stage has passed. Patients presenting to the emergency department with headache and abnormal findings in a neurologic examination (i.e., focal deficit, altered mental status, altered cognitive function) should undergo an emergent non-contrast head computed tomography (CT) scan. The documentation submitted for review failed to provide any red flag conditions. There was no documentation of any abnormal findings in a neurologic examination to warrant the need of a CT scan. Also, MRI scans are generally recommended as opposed to CT and there was no documentation of an MRI being performed. Given the above issues, the request is not medically necessary.