

Case Number:	CM13-0003050		
Date Assigned:	03/03/2014	Date of Injury:	05/08/2002
Decision Date:	07/21/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/24/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year-old patient sustained an injury on 5/8/02 while employed by [REDACTED]. Request under consideration include REPEAT CERVICAL MRI. The patient continues to treat for chronic neck and right upper extremity symptoms over the last 12 years. MRI of the cervical spine dated 5/8/12 showed mild central canal encroachment at C6-7 from disc bulging with minor left-sided foraminal stenosis. X-rays of right shoulder dated 5/9/12 showed mild degenerative changes of glenohumeral joint and AC joint. The patient underwent right shoulder arthroscopy on 5/13/12 with subsequent treatment and was made P&S on 12/13/12; however, continues with chronic pain complaints. Report of 6/13/13 from the provider noted patient with radiating neck pain down right arm and right shoulder pain rated at 3-4/10. Medications included Vicodin. Exam showed limited shoulder abduction of 150 degrees with anterior tenderness without impingement sign; cervical spine at 45 degrees rotation range with flex/ext of 30/15 degrees. Diagnoses include cervical degenerative disc disease/ left foraminal stenosis and shoulder sprain/strain with right arm radiculopathy. The request for REPEAT CERVICAL MRI was non-certified on 7/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

Decision rationale: This 46 year-old patient sustained an injury on 5/8/02 while employed by [REDACTED]. Request under consideration include REPEAT CERVICAL MRI. The patient continues to treat for chronic neck and right upper extremity symptoms over the last 12 years. MRI of the cervical spine dated 5/8/12 showed mild central canal encroachment at C6-7 from disc bulging with minor left-sided foraminal stenosis. X-rays of right shoulder dated 5/9/12 showed mild degenerative changes of glenohumeral joint and AC joint. The patient underwent right shoulder arthroscopy on 5/13/12 with subsequent treatment and was made P&S on 12/13/12; however, continues with chronic pain complaints. Report of 6/13/13 from the provider noted patient with radiating neck pain down right arm and right shoulder pain rated at 3-4/10. Medications included Vicodin. Exam showed limited shoulder abduction of 150 degrees with anterior tenderness without impingement sign; cervical spine at 45 degrees rotation range with flex/ext of 30/15 degrees. Diagnoses include cervical degenerative disc disease/ left foraminal stenosis and shoulder sprain/strain with right arm radiculopathy. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change in clinical findings to support this imaging study as the patient is without documented neurological deficits consistent with any dermatomal pattern or motor strength loss. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The REPEAT CERVICAL MRI is not medically necessary and appropriate.