

Case Number:	CM13-0020277		
Date Assigned:	10/11/2013	Date of Injury:	04/25/2011
Decision Date:	01/11/2014	UR Denial Date:	08/20/2013
Priority:	Expedited	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; two shoulder corticosteroid injections; a normal brain MRI of April 21, 2011; a cervical MRI of September 11, 2012, notable for multilevel degenerative changes and facet arthropathy of uncertain clinical significance; an MRI of the cervical spine of September 22, 2010, again notable for degenerative changes, multilevel disc protrusions, and severe bilateral neural foraminal narrowing at C6-C7; an MRI of the left shoulder of September 11, 2012, apparently notable for partial-thickness supraspinatus tendon tear; extensive periods of time off work, on total temporary disability; and prior left shoulder arthroscopy in mid 2013. In a utilization review report of August 20, 2013, the claims administrator denied a request for cervical MRI imaging, citing a non-MTUS Guideline, the ODG Neck Chapter. The applicant's attorney later appealed, on August 30, 2013. In July 18, 2013, progress note, it is stated that the applicant reports persistent neck, shoulder, and low back pain. She has apparently been diagnosed with mild Parkinson's disease. She has neck pain radiating into bilateral upper extremities, she further notes. She is on Norco, Naprosyn, Medrox, and Neurontin for pain relief. Bilateral upper extremity strength of 4-5/5 is appreciated, with some reduction secondary to pain. Positive Spurling maneuver is appreciated. Recommendations are made for the applicant to obtain lumbar and cervical MRIs while continuing Norco, Naprosyn, tizanidine, Neurontin, and Medrox for pain relief. An earlier June 17, 2013, progress note is notable for comments that the applica

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG indications for imaging..

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, cervical MRI imaging is endorsed to validate a diagnosis of nerve root compromise, based on clinical history and physical exam findings, in preparation for an invasive procedure. In this case, the attending provider has suggested on the July 18, 2013, progress note that the applicant has heightened cervical radicular complaints and that he is trying to evaluate for possible nerve root impingement and/or disc herniations which could be accounting for the applicant's symptoms. The attending provider states that he intends to act on the results of the MRI and/or use the MRI to outline further treatment and management options, including possible invasive procedures and/or cervical spine surgery. Therefore, the request is certified as written, as the earlier cervical MRIs of 2010 and 2012 are, at this point, too old for preoperative planning purposes.