

Case Number:	CM13-0032393		
Date Assigned:	06/06/2014	Date of Injury:	11/07/2012
Decision Date:	08/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 and 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:

The injured worker is a 57-year-old female who reported a heavy lifting injury on 11/07/2010. The progress note of 02/11/2014 reported she had continuing pain in her right shoulder, neck and low back. She also had some pain in her right forearm and right wrist. She was controlling her pain with minimal medication use, topical cream use and a home exercise program. Her diagnoses included cervical disc degenerative disease, cervical radiculitis and right shoulder sprain/strain. Additionally, it was noted that she was using a TENS unit and did not want to pursue surgery at that time. An MRI of the right shoulder dated 09/12/2013 revealed moderate supraspinatus and mild to moderate infraspinatus tendinosis with no full thickness rotator cuff tear. There was a moderate degree of hypertrophic degenerative changes in the acromioclavicular joint with significant fluid within the joint space. The acromioclavicular joint was widened to 11mm anteriorly and there was mild to moderate indentation on the supraspinatus musculotendinous junction. An MRI of the cervical spine on 09/10/2013 revealed mild straightening of the normal cervical lordosis possibly due to muscle spasm, a 3 mm posterior disc bulge at C3-4 bordering on a disc protrusion that contacts the ventral cord obliterating the ventral cerebrospinal fluid. The AP dimension of the canal was 9 mm which was consistent with mild central canal stenosis. There was no cord compression. There was a mild to moderate left foraminal compromise with probability of irritation of the exiting left nerve root. C4-5 showed a 2 mm posterior disc bulge contacting the cord. The AP dimension of the canal was 10 mm consistent with minimal central canal stenosis. There was mild left foraminal compromise but no nerve root impingement. C5-6 level showed a 2 mm posterior annular bulge with mild foraminal compromise. No cord compression or nerve root impingement was detected. In a cervical spinal examination on 04/10/2014, her cervical flexion, extension, rotation and lateral flexion were normal. She had complete and painless mobility of the cervical spine. It was noted that she had a

history of gastric issues and Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) were not being used to treat her pain. Other than omeprazole 20 mg and Menthoderm cream for topical use, no other medications were noted in her current medication regimen. There was a Request for Authorization dated 09/09/2013 included in this chart. Other than noting her diagnoses on the Request for Authorization, there was no other rationale given for the requested MRIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 10.

Decision rationale: The American College of Occupational and Environmental Medicine recommends MRIs for cervical nerve root compression with radiculopathy and for spinal cord compression with myelopathy. This worker had an MRI of the cervical spine on 09/12/2013 and there is no rationale included with the submitted documents for a second MRI. She does not have a diagnosis of either nerve root compression with radiculopathy or spinal cord compression with myelopathy. Additionally, in the progress notes included in this chart, this worker was not considering surgery at that time. Therefore, this request for MRI of the cervical spine is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs).

Decision rationale: The California and ACOEM Guidelines recommend that imaging studies may be considered for an injured worker whose limitations due to consistent symptoms have persisted for one month or greater in cases when surgery is being considered for a specific anatomic defect, for example a full thickness rotator cuff tear. This worker had an MRI of the right shoulder on 09/12/2013 which clearly stated that there was no full thickness rotator cuff tear. There was no rationale included in this chart for a second MRI of the right shoulder. Additionally, it is stated in the progress notes included in this chart that she was not considering surgery at that time. Therefore, this request for MRI of the right shoulder is not medically necessary.

