

Case Number:	CM13-0035210		
Date Assigned:	12/13/2013	Date of Injury:	02/28/2011
Decision Date:	03/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with date of injury on 02/28/2011. The progress report dated 09/03/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Degenerative disk disease, lumbar, (2) Degenerative disk disease, cervical, (3) Degenerative joint disease. The patient complains of neck pain and left shoulder pain. Physical exam showed reduced cervical spine range of motion. There was tenderness in the midline of the cervical spine. There was tenderness over both shoulders and over the right hip. Range of motion on both shoulders is reduced with the left side being much worse than the right. There was a sensory deficit over the left upper extremity, described as reduced sensation to light touch along virtually the entire left upper extremity. The treating physician indicates that there appeared to be no imaging studies of the cervical spine. A request was made for the MRI of the cervical spine and left shoulder to assess the ongoing chronic pain in each region. This request was denied by utilization review dated 09/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): s 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): s 177-178.

Decision rationale: The patient presents with pain in the cervical spine as well as left shoulder pain. Exam findings include tenderness to palpation in the cervical spine and decreased sensation. ACOEM Guidelines page 177, 178 regarding criteria for ordering imaging studies recommends imaging studies when there are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The treating physician indicates the patient had not undergone prior imaging of the cervical spine. The treater also appears to indicate that the patient had not undergone any recent physical therapy for this complaint. However, this patient has had persistent pain since several years ago and thus far, treatments have been focused on L-spine issues. The patient's current symptoms include radiation of numbness and tingling down the arm. Given the patient's chronic radicular symptoms, it would be reasonable to obtain an MRI of C-spine. Radicular symptoms are potential physiologic evidence of tissue injury, namely nerve roots. Recommendation is for authorization.

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): s 207-208.

Decision rationale: The patient presents with left shoulder pain. Shoulder range of motion was 90 degrees on the left shoulder with flexion and abduction compared to 120 degrees flexion and abduction of the right shoulder. ACOEM Guidelines page 207-208 regarding special studies for the shoulder states that routine testing (laboratory test), plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history of examination raise a suspicion of a serious shoulder condition or referred pain. ACOEM further states that the criteria for ordering imaging studies are: (1) Emergence of red flag, (2) Physiologic evidence of tissue insult or neurovascular dysfunction, (3) Failure to progress in strengthening program intended to avoid surgery, (4) Clarification of the anatomy prior to an invasive procedure. The records appear to indicate the patient had not undergone any prior physical therapy to treat this area. Furthermore, the patient is pending an MRI of C-spine, which may provide information regarding the patient's shoulder and arm pains. The patient does not present with any red flags. There does not appear to be a recent history of significant trauma or tissue insult. Therefore, recommendation is for denial.