

Case Number:	CM13-0047269		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2011
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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 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. 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 patient is a 63-year-old female who reported an injury on 12/16/2011 while she transferred a patient that caused injury to her right arm and cervical spine. The patient ultimately underwent surgical intervention for the right shoulder that was followed by postsurgical physical therapy. The patient also received physical therapy and injection therapy for cervical spinal pain. The patient underwent an MRI of the cervical spine in 05/2013 that revealed a broad based right paracentral disc bulge impinging on the anterior aspect of the spinal cord at the C6-7 level. The patient underwent electrodiagnostic studies in 06/2011 that concluded the patient had right C6 radiculopathy. The patient's most recent clinical examination findings included normal gross muscle strength in the bilateral upper extremities with symmetrical deep tendon reflexes and intact sensation to light touch and pinprick. The patient's diagnoses included right cervical radiculopathy and status post right shoulder arthroscopic subacromial decompression. The patient's treatment plan included an MRI of the cervical spine, an MRI of the right shoulder, electrodiagnostic studies of the right upper extremity, and referral for a cervical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine, Repeat:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: The requested cervical spine MRI is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent an MRI in 03/2013. Official Disability Guidelines do not recommend repeat imaging unless there is a significant change in the patient's clinical presentation to support progressive neurological deficits or a change in pathology. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant change in clinical presentation to support progressive neurological deficits or a change in pathology. Therefore, the need for repeat imaging is not indicated. As such, the requested MRI cervical spine repeat is not medically necessary or appropriate.

Electrodiagnostic Study of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

Decision rationale: The requested electrodiagnostic study of the right upper extremity is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommended electrodiagnostic studies when there is subtle evidence of neurological deficits that need further clarification. The clinical documentation does provide evidence that the patient has subjective complaints of pain of the right shoulder radiating into the right upper extremity. However, the patient's neurological examination of the upper extremities did not reveal any evidence of radiculopathy. Additionally, the patient underwent an electrodiagnostic study in 06/2011. The clinical documentation does not support a significant progression in symptoms that require additional electrodiagnostic studies. Therefore, the requested electrodiagnostic study of the right upper extremity is not medically necessary or appropriate.