

Case Number:	CM13-0065651		
Date Assigned:	01/03/2014	Date of Injury:	12/18/2001
Decision Date:	04/17/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 46-year-old female with a date of injury of 12/18/2001. The patient has diagnoses of shoulder pain; degenerative cervical intervertebral disc displacement of cervical disc without myelopathy; Impingement, shoulder; and brachial neuritis/radiculitis NOS. The patient was seen on 11/12/2013, with neck and right shoulder pain, which has been present since 2001. The patient initially presented with pain currently 8/10 in severity, and noted that she had been taking oxycodone for years, but has been off the medication recently. The patient states that she does have pins and needle sensations in the right greater than left upper extremity. The physician states that the patient has tried anti-inflammatory medications, mild analgesics, modification activity, physical therapy, chiropractic care, and biofeedback. The patient is working full time. The physician notes that the MRI of the cervical spine taken in 2012, demonstrated reversal of normal cervical lordosis with a three (3) mm disc protrusion at the C5-6 level. An electromyography (EMG) demonstrated some ulnar nerve involvement, with slight decreased paresthesias in the C6 nerve distribution. The MRIs of the cervical spine demonstrated decreased normal cervical lordosis, no vertebral fractures or severe spondylolisthesis. Degenerative disc disease and facet arthritis appeared moderate. This physician is requesting an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Repeat MRI

Decision rationale: The MTUS/ACOEM Guidelines does support an MRI if physiological evidence indicates tissue insult or nerve impingement to consider an MRI for neurological or other soft tissue. For ordering imaging studies there must be an emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The Official Disability Guidelines indicate that repeat MRI's are not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology i.e. tumors, infection, fracture, neural compression, recurrent disc herniation. The documentation provided does not show an emergence of a red flag or evidence of tissue insult or neurologic dysfunction. There was no notation in the documentation that the patient was participating in a strengthening program to avoid surgery or that an invasive procedure had been discussed. Therefore, the request for MRI of the cervical spine is non-certified.