

<b>Case Number:</b>	CM14-0000108		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 patient is a 44-year-old who has submitted a claim for Status Post Right Shoulder subacromial Decompression, Early Sign of Developing Adhesive Capsulitis, and Multi-level Cervical Spine IVD Syndrome with Right Radiculopathy, associated with an industrial injury date of July 14, 2011. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of constant neck pain with stiffness. She also complained of a stabbing and piercing shoulder pain. On physical examination, there was tenderness along the suboccipital and paraspinal muscles, right more than the left, with significant guarding and moderate spasm of the right trapezius bundle and parascapular stabilizers. Examination of the right shoulder revealed restricted range of motion in all planes. MRI of the cervical spine, dated March 27, 2013, revealed moderate-to-severe C5-6 disc space narrowing associated with a disc bulge. Triple phase bone scan, dated March 27, 2013, revealed no evidence of reflex sympathetic dystrophy or complex regional pain syndrome. Treatment to date has included medications, physical therapy, cervical epidural steroid injection, trigger point injections, and right shoulder arthroscopy. Utilization review from December 16, 2013 denied the request for second opinion ortho evaluation (right shoulder) because the report of the initial ortho evaluation was not provided; and MRI cervical spine because there was no documentation of red flags or neurologic exam abnormalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SECOND OPINION ORTHO EVALUATION RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, , 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

**Decision rationale:** According the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was already being managed by an orthopedic surgeon for her neck and right shoulder complaints. However, there was no discussion regarding the indication for a second opinion orthopedic evaluation. There is no clear rationale for the requested service. The request for a second opinion orthopedic evaluation is not medically necessary or appropriate.

**MRI CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS, TABLE 8-8, PAGE 182

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, the most recent progress note failed to show evidence of red flag conditions or neurologic deficits. There was also no discussion regarding failure to progress in a strengthening program or future plans of invasive procedures that may warrant anatomy clarification. Furthermore, a prior MRI of the cervical spine, dated March 27, 2013, revealed moderate-to-severe C5-6 disc space narrowing associated with a disc bulge. There is no clear rationale for a repeat MRI of the cervical spine. The request for an MRI of the cervical spine is not medically necessary or appropriate.