

Case Number:	CM14-0007120		
Date Assigned:	02/07/2014	Date of Injury:	05/20/2012
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 & Rehabilitation 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 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 37-year-old male who reported an injury on 05/20/2012. The worker was injured while moving a large metal prep table. In the clinical note dated 11/19/2013, it was annotated that the injured worker was 10 months status post C6-7 anterior cervical fusion. It was noted that the injured worker returned to work in a new restaurant with training approximately 3 months prior to the visit and was on light duty as a kitchen supervisor; however, he had begun to do increasing lifting over the prior 3 weeks, which had caused a flare up of symptoms. The injured worker reported that in the left hand, small finger, left shoulder and scapula it felt as if there was a knot or ball. The pain was noted as 80% in the neck and 20% in the arm with a pain level of 6/10. Within the clinical note it was documented that in the left shoulder and interscapular region there were constant spasms. Upon physical examination of the bilateral shoulders, the rotation to the right was 50-60 degrees and the rotation to the left was 70-80 degrees. Extension to the bilateral shoulders was 50-60 degrees, flexion was 70 to 80 degrees, and abduction was 30 degrees. The provider noted range of motion to the right shoulder range of motion was 80-90 degrees and range of motion to the left shoulder was noted at 70 degrees with sensory loss to the left forearm, thumb, and index and ulnar small finger. The diagnoses included status post C6-7 discectomy, rule out residual C6-7 foraminal stenosis, rule out recurrent C5-6 herniation, and left shoulder bursitis. The treatment plan included a request for an MRI of the left shoulder, MRI of the cervical spine, EMG/NCV bilateral upper extremities to rule out peripheral neuropathy, and cervical spine 5 view with lateral flexion-extension. The provider noted in light of the recent flare up and recurrent symptoms that the studies were necessary for ongoing evaluation and treatment. The request for authorization for MRI left shoulder, MRI cervical spine, EMG/NCV bilateral upper extremities, and 5 view C-spine with flexion and extension for cervical disc herniation was submitted on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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

Decision rationale: The request for MRI FOR THE CERVICAL SPINE is non-certified. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In the clinical notes provided for review, it was not documented if the injured worker had tried and failed conservative therapy to include the use of NSAIDs, physical therapy, and a home exercise program. Within the clinical notes provided, the injured worker was noted as having sensory loss to the left forearm, thumb, and index and ulnar small finger along with diminished left grip strength with left triceps motor strength rated 5/5. There was a lack of documentation of significant objective findings of neurologic deficit upon physical examination. Therefore, the request for MRI FOR THE CERVICAL SPINE is non-certified.