

Case Number:	CM14-0013267		
Date Assigned:	02/26/2014	Date of Injury:	02/23/2010
Decision Date:	08/06/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/23/10 with injury to the neck, upper back, right shoulder, and right elbow while working as a teacher.. Treatments referenced include physical therapy, medications, and activity modification. He is being treated with diagnoses of right lateral epicondylitis, a cervical disc protrusion, right rotator cuff tear, thoracic disc protrusion, and right carpal tunnel syndrome. Standard MRI scans of the of the cervical spine and right shoulder have already been obtained showing findings of a right rotator cuff tear with impingement and cervical disc disease with radiculopathy and a C5-6 disc protrusion. He was seen by the requesting provider on 01/07/14. Physical examination findings included decreased cervical spine range of motion. He had right shoulder and subacromial tenderness increased with resisted motion with findings consistent with a supraspinatus tendinopathy with rotator cuff tear. He had decreased biceps and brachioradialis reflexes on the right side. The assessment references a referral for surgical management of the right shoulder and he was referred for a pain management reevaluation for consideration of cervical epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) CERVICAL SPINE. 1.5 TELSA SCANNER OR GREATER QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck & Upper Back Complaints.

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)., Chapter 6, page 13.

Decision rationale: The claimant is being treated for chronic cervical radiculopathy and right rotator cuff syndrome with work-related injury occurring more than four years ago. He has already had Magnetic Resonance Imaging (MRI) scans of the cervical spine and right shoulder. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. When seen by the requesting provider, recommendations were for a pain management evaluation for consideration of a cervical epidural steroid injection. The results of the requested MRI of the cervical spine using a 1.5 Telsa scanner or greater would not change this plan. Requesting additional imaging when there is already a management plan in place is not indicated and therefore not medically necessary.

**MAGNETIC RESONANCE IMAGING (MRI), RIGHT SHOULDER. 1.5 TELS
SCANNER OR GREATER, QTY: 1: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck & Upper Back Complaints.

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 6, page 13.

Decision rationale: The claimant is being treated for chronic cervical radiculopathy and right rotator cuff syndrome with work-related injury occurring more than four years ago. He has already had MRI scans of the cervical spine and right shoulder. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. When seen by the requesting provider, recommendations were for a surgical evaluation for the right shoulder. The results of the requested MRI of the right shoulder using a 1.5 Telsa scanner or greater would not change this plan. Requesting additional imaging when there is already a management plan in place is not indicated and therefore not medically necessary.