

Case Number:	CM14-0117037		
Date Assigned:	09/23/2014	Date of Injury:	11/18/2005
Decision Date:	10/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 Illinois. 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 45-year-old female with a reported injury on 11/18/2005. The mechanism of injury was not provided. The injured worker's diagnoses included cervicalgia, arthroscopy of the shoulder, and disc degeneration. The injured worker's past treatments include medication and surgery. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included arthroscopy of the shoulder on 07/24/2013. On the clinical note dated 03/27/2014, the injured worker complained of shoulder pain and left sided neck pain associated with the left shoulder. The injured worker had range of motion of the shoulder with extension at 55 degrees and flexion at 130 degrees. The injured worker had positive impingement test on the left side, and rated his pain at 6/10 for the left shoulder. The injured worker's medications included tramadol 50 mg, Prilosec 20 mg, and Flexeril 7.5 mg, frequency not provided. The request was for MRI of the cervical spine without contrast, radiographs of the cervical spine 7 series view, and MR arthrogram of the left shoulder. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI- Cervical Spine without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177-179.

Decision rationale: The request for MRI of the cervical spine without contrast is not medically necessary. The injured worker is diagnosed with cervicalgia, arthroscopy of the shoulder, and disc degeneration. The injured worker complains of left shoulder pain rated 6/10 and left neck pain. California MTUS/ACOEM Guidelines recommend MRI when there is an emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure as needed. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic testing, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with consult regarding next steps including the selection of an imaging test to define the potential cause; MRI for neuro or soft tissue. Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The clinical significance of such finding is unclear as it may not correlate temporally or anatomically with symptoms. There is lack of documentation which demonstrates conservative care has failed to provide relief. The medical records lack indication of significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. As such, the request for MRI of the cervical spine without contrast is not medically necessary.

Radiographs of Cervical Spine (X-rays) 7 Series view: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for radiographs of the cervical spine x-ray 7 series views is not medically necessary. The injured worker is diagnosed with cervicalgia, arthroscopy of the shoulder, and disc degeneration. The injured worker complains of left shoulder pain rated 6/10 and left neck pain. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red flag conditions are ruled out. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion because it is possible to identify a finding that was

present before symptoms began and therefore, has no temporal association with the symptoms. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack indication of significant change in symptoms or findings which indicated significant pathology. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. As such, the request for radiographs of the cervical spine (x-rays) 7 series view is not medically necessary.

MR Arthrogram Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for MR arthrogram left shoulder is not medically necessary. The injured worker is diagnosed with cervicalgia, arthroscopy of shoulder, and disc degeneration. The injured worker complains of left shoulder pain rated 6/10 and left neck pain. The California MTUS/ACOEM Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Anatomic definition by means of imaging is commonly required to guide surgery or other procedures. A discussion with a specialist on selecting most clinically valuable study can often help the primary care physician and avoid duplication. When surgery is being considered for a specific anatomic defect, MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is not sensitive and less specific to further evaluate the possibility of potentially serious pathology, such as a tumor. There is a lack of documentation which demonstrates conservative care has failed to provide relief. The medical records lack indication of significant change in symptoms or neurologic deficit upon physical examination. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. As such, the request for MR arthrogram left shoulder is not medically necessary.