

Case Number:	CM14-0146315		
Date Assigned:	10/16/2014	Date of Injury:	11/10/2011
Decision Date:	11/18/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Medicine 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:

This is a 54 year old female patient who sustained a work related injury on 11/10/2011 Patient sustained the injury when she was a truck driver and she slipped on the step between the cab and dump body while adjusting a tarp and she was pushed by horse causing an increase of neck pain and arm tingling The current diagnoses include right cervical radiculopathy, right shoulder impingement syndrome and degenerative joint disease, biceps tendon tear and cervicogenic headaches Per the doctor's note dated 7/11/14, patient has complaints of worsening of neck pain and right shoulder pain at 8/10 Physical examination revealed tenderness of the paracervical muscles, base of the neck and over the base of the skull, decrease sensation on the right hand, limited range of motion, flexion 28, extension 30, right lateral bending 30, left lateral bending 24, right rotation 70, left rotation 50, positive Spurling's sign to the right, and 5/5 strength and normal reflexes. The medication lists include Motrin, Norco and Zanaflex The patient has had MRI of the cervical spine on 7/25/12 that revealed mild spinal canal stenosis at C4-C5, C5-C6, and C6-C7, hypertrophy and facet arthrosis from C2 to C7, and disc osteophyte complexes at multiple levels; MRI of the right shoulder on 7/25/12 tear with signs of tendinitis in the supraspinatus tendon and mild sprain AC joint without separation; on 4/1/2013 x-rays of the cervical spine that revealed severe disc height loss C5-6 and C6-7 and mild to moderate disc height loss at C4-5. The patient has had CT scan on June 20, 2014 The patient's surgical history include right shoulder arthroscopy, subacromial decompression distal clavicle resection on 10/16/2012 She has had a urine drug toxicology report on 2/12/14 Other therapy done for this injury was not specified in the records provided. This is a 54 year old female patient who sustained a work related injury on 11/10/2011 Patient sustained the injury when she was a truck driver and she slipped on the step between the cab and dump body while adjusting a tarp and she was pushed by horse causing an increase of neck pain and arm tingling The current diagnoses

include right cervical radiculopathy, right shoulder impingement syndrome and degenerative joint disease, biceps tendon tear and cervicogenic headaches. Per the doctor's note dated 7/11/14, patient has complaints of worsening of neck pain and right shoulder pain at 8/10. Physical examination revealed tenderness of the paracervical muscles, base of the neck and over the base of the skull, decrease sensation on the right hand, limited range of motion, flexion 28, extension 30, right lateral bending 30, left lateral bending 24, right rotation 70, left rotation 50, positive Spurling's sign to the right, and 5/5 strength and normal reflexes. The medication lists include Motrin, Norco and Zanaflex. The patient has had MRI of the cervical spine on 7/25/12 that revealed mild spinal canal stenosis at C4-C5, C5-C6, and C6-C7, hypertrophy and facet arthrosis from C2 to C7, and disc osteophyte complexes at multiple levels; MRI of the right shoulder on 7/25/12 tear with signs of tendinitis in the supraspinatus tendon and mild sprain AC joint without separation; on 4/1/2013 x-rays of the cervical spine that revealed severe disc height loss C5-6 and C6-7 and mild to moderate disc height loss at C4-5. The patient has had CT scan on June 20, 2014. The patient's surgical history includes right shoulder arthroscopy, subacromial decompression distal clavicle resection on 10/16/2012. She has had a urine drug toxicology report on 2/12/14. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine with STIR images: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), 12th edition (web), 2014, Neck and Upper Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck (updated 8/04/14)

Decision rationale: Per the ACOEM chapter 8 guidelines cited above "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." CA MTUS/ACOEM does not address this request for repeat cervical spine MRI. Therefore, ODG guidelines are used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI of the cervical spine on 7/25/12 that revealed mild spinal canal stenosis at C4-C5, C5-C6, and C6-C7, hypertrophy and facet arthrosis from C2 to C7, and disc osteophyte complexes at multiple levels. Any significant change in the patient's condition since this imaging study that would require a repeat cervical

spine MRI was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous physical therapy notes were not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. The records provided do not specify significant objective evidence of consistently abnormal neurological findings including abnormal EDS (electro-diagnostic studies). A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of MRI of cervical spine is not fully established for this patient.