

Case Number:	CM14-0028211		
Date Assigned:	06/13/2014	Date of Injury:	11/30/2009
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational 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:

According to the records made available for review, this is a 55-year-old female with a 11/30/09 date of injury, and status post right shoulder rotator cuff repair 6/27/12. At the time (2/4/14) of request for authorization for MRI (Magnetic Resonance Imaging) of the cervical spine, there is documentation of subjective (right shoulder pain, persistent weakness and pain; left shoulder pain; neck pain increased by prolonged positioning or repetitive movement of the neck, with radiation to the shoulders, more to the right; bilateral forearm and wrist pain with intermittent numbness to both hands) and objective (slight spasm and tenderness more on the right, range of motion 70% of normal, positive Spurling on the right producing scapular pain) findings, imaging findings (MRI cervical spine (3/28/13) report revealed reversal of cervical lordosis, C3-4 2 mm posterior disc protrusion, C5-6 3 mm posterior disc protrusion with annular fissure and cord compromise, C6-7 2 mm disc protrusion with annular tear, C5-6 nerve root compromise on both sides, C6-7 nerve root compromise bilaterally and bilateral facet arthropathy), current diagnoses (cervical strain with right cervical radicular symptoms with MRI abnormality), and treatment to date (physical therapy, activity modification, and medications). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGING) OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of cervical strain with right cervical radicular symptoms with MRI abnormality. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI (Magnetic Resonance Imaging) of the cervical spine is not medically necessary.