

Case Number:	CM14-0049022		
Date Assigned:	06/25/2014	Date of Injury:	07/13/2012
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain 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 58-year-old who sustained a remote industrial injury on July 14, 2012 diagnosed with C3-C7 disc herniation, central canal stenosis, spinal cord impingement and mild myelopathy, and high-grade foraminal stenosis with nerve compression. Mechanism of injury occurred while the patient was moving doors and hospital beds, resulting in pain on his right shoulder and right wrist. The request for new cervical spine MRI was non-certified at utilization review due to the lack of documentation warranting a repeat MRI such as a significant change in the patient's condition or a follow up from a surgical procedure. The request for C7-T1 injection (no type specified) was also non-certified at utilization review as documentation regarding the specific injection desired is necessary. The most recent progress note provided is March 3, 2014. Patient complains primarily of constant pain in the cervical spine rated as a 6-7/10 that radiates to the arms causing numbness and lumbar spine pain rated as a 6-7/10 that radiates to the legs. Physical exam findings reveal limited range of motion of the cervical spine; strength is limited to pain; -5/5 of right deltoids; -5/5 of left biceps and triceps; and grip strengths of +4/5 on the right and -5/5 on the left. Current medications are not listed. The treating physician is requesting that the patient continue physical therapy and unspecified pain medications. Provided documents include several previous progress reports, previous Utilization Reviews, requests for authorizations, urine toxicology reports, operative reports, physical therapy progress reports, and letters of medical necessity. The patient's previous treatments include chiropractic, right shoulder surgery, medications, physical therapy, and carpal tunnel release. Imaging studies provided include an MRI of the cervical spine, performed on January 30, 2013. The impression of this MRI reveals diffuse disc bulges with osteophytic changes compressing the spinal cord, along with spinal canal bilateral neural foramina stenosis, encroachment of the bilateral exiting nerve roots, and facet arthrosis. Multilevel degenerative disc disease is also visible. An X-ray of the chest

performed on October 7, 2013, an MRI of the right elbow performed on January 30, 2013, and an MRI of the right shoulder performed prior to the patient's right shoulder surgery are also provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

New cervical spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Minnesota Rules)- Repeat imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: According to ODG criteria on magnetic resonance imaging, "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)." Provided documentation includes the imaging report from an MRI of the cervical spine performed on 01/30/13. As the treating physician does not provide a rationale for the request for a new MRI of the cervical spine and it does not appear that the patient has had a significant change in symptoms warranting a repeat MRI, medical necessity cannot be supported. Thus, the request for a New cervical spine MRI is not medically necessary or appropriate.

C7-T1 injection (no type specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Injection with anaesthetics and/or steroids.

Decision rationale: According to ODG, the use of injections is recommended in order to relieve pain, improve function, decrease the need for medications, and encourage the patient to return to work. In this case, the treating physician does not specify the type of injection desired at the C7-T1 level or provide a rationale behind this request. The request for a C7-T1 injection (no type specified) is not medically necessary or appropriate.