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| Case Number: | CM14-0050493 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 10/18/2011 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Orthopaedic Surgery 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 42-year-old female sustained an industrial injury 10/18/11. The injury occurred when her arm was pulled in two separate incidents: one occurred trying to break the fall of an individual getting out of a bus, and the second was assisting someone having a seizure. The patient underwent left shoulder arthroscopic debridement of the SLAP tear and partial supraspinatus tear and subacromial decompression on 7/16/13. The 11/4/13 treating physician progress report cited left sided cervical pain, with difficulty moving her neck due to pain and tightness. The patient was seeing a chiropractor. Recent onset of numbness and tingling to both hands was noted. The 12/19/13 progress report indicated the patient was slowly improving, normal upper extremity sensory function was noted. The 2/3/14 chart noted indicated the patient had left posterior shoulder and trapezius pain, increased by raising arms overhead, pushing, pulling, or lifting. There was moderate posterior trapezius tenderness and normal upper extremity sensation. The 2/10/14 progress report indicated her left shoulder was improving but she was having a lot of pain in the trapezial region extending into her neck. The exam demonstrated trapezius tenderness and tightness. Trigger point injections were planned. A cervical MRI (magnetic resonance imaging) was recommended because of her on-going neck pain. The 2/21/14 utilization review denied the request for cervical spine MRI as the exam findings on 2/3/14 and 2/10/14 did not suggest a red flag or evidence of neurologic dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8, Criteria for ordering imaging studies.

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), Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The California MTUS criteria for ordering cervical imaging studies include emergence of a red flag, physiologic 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. The Official Disability Guidelines (ODG) recommends that patients with normal radiographs and neurologic signs/symptoms should undergo MRI (magnetic resonance imaging). The criteria include patients older than 40 years with no history of trauma, after three months of conservative treatment. The guidelines criteria have not been met. There are no exam findings suggestive of red flag conditions. There is no physiologic evidence noted in the clinical findings of tissue insult or neurologic dysfunction. There is no documentation that cervical radiographs have been obtained, and are normal. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, the request for MRI of the cervical spine is not medically necessary.