

Case Number:	CM14-0053668		
Date Assigned:	07/07/2014	Date of Injury:	08/01/2006
Decision Date:	08/11/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 & Rehabilitation 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 49-year-old female with a date of injury of 8/01/06. Mechanism of injury is cumulative trauma from work as a groundskeeper. The patient developed pain at the right shoulder and neck. She then began having back pain. She had initial treatment at [REDACTED], where she had conservative care that included physical therapy, medications and modified duty. The patient continued to have symptoms and MRI/electrodiagnostics were done. She ultimately underwent a cervical fusion surgery on 9/25/10. She attended post-op physical therapy, but gradually developed compensatory left shoulder pain, depression and anxiety. Due to persistent symptoms, despite surgery, her diagnosis was revised to failed neck syndrome following C5-6/C6-7 fusion. She also had diagnosis of impingement syndrome of the right shoulder and lumbar myofascial sprain/strain. The patient continues to be followed by the spine surgeon, and there was concern with possible cervico-thoracic instability. A CT (computed tomography scan) was recommended of the cervical spine. There was also persistent shoulder pain, however, an MRI of the right scapula was done on 11/14/13, and this study was normal. Exam of the shoulder does show impingement findings, but findings that suggest internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Computed tomography (CT) ¾ Other Medical Treatment Guideline or Medical Evidence: American Journal of Neuroradiology: CT Evaluation of Lumbar Interbody Fusion: Current Concepts.

Decision rationale: ACOEM Guidelines support use of CT of the cervical spine when physiologic evidence suggests bony structure insult/impairment, when potential cause must be determined. CT is also a study that is supported for post-operative evaluation of fusion adequacy until solid arthrodesis is obtained. In this case, the patient is s/p (status post) a multilevel cervical fusion with intractable pain and surgical specialists concerned about instability at the cervical-thoracic junction. A CT scan of the cervical spine is medically necessary.

MRI, scapular, right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states that when surgery is considered for a specific anatomic defect, MRI imaging demonstrates soft tissue anatomy well, and may be considered for patients whose limitations due to consistent symptoms have persisted for one month or more. This patient does have persistent shoulder symptoms; however, the patient recently had a NORMAL right scapular MRI on 11/14/13. There are no new findings or symptoms suggestive of internal derangement at the shoulder, only persistent findings of impingement syndrome. With no clinically significant change, there is no indication for repeat MRI. Medical necessity of a right scapular MRI is not established.