MAXIMUS Federal Services

Case Number:	CM14-0055664		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2006
Decision Date:	09/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 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:

This is a 58-year-old female with a 3/1/06 date of injury after reaching overhead to remove a box from a shelf. And felt a pain in the neck to the shoulder. She had a right rotator cuff repair in 2010 and a revision in 2012. She was seen on 4/3/14 with complaints of neck pain radiating to the right arm 7/10. Exam findings revealed pain in the neck in all planes of movement with range of motion limited by pain, as well as paravertebral tenderness, spasm, and trigger points. Decreased sensation was noted from C5 to T1 dermatomes. There was decreased strength in the right upper extremity in all muscle groups 4/5 except for the shoulder, which was 2/5. No strength and sensation deficits were noted in the left upper extremity, reflexes were in the upper extremities bilaterally. A prior EMG from January 2008 apparently revealed moderate right carpal tunnel syndrome and it was noted the patient had right carpal tunnel surgery in 2009. Electrodiagnostic testing of the upper extremities was requested along with a cervical MRI.EMG Sept 2011: right carpal tunnel syndrome and right bilateral cubital tunnel syndrome, negative for cervical radiculopathy.10/15/12: minimal degenerative disc disease at C5/6. No significant foraminal narrowing or spinal stenosis.Treatment to date: CESI x2, PT, medications, shoulder injections, shoulder surgery. TENS unit, acupuncture The UR decision dated 4/17/14 denied the request as electro diagnostic studies of the upper extremities were certified recently but not completed.

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): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter-MRI).

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG indications for repeat imaging include: 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, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, or when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. This patient had an MRI in October 2012 which did not show any evidence of anatomic nerve impingement or cord stenosis. There is a lack of documentation with regard to the patient's physical exam findings at that time; therefore it is unclear if the patient's physical exam findings have significantly changed since her last MRI. In addition, the patient had three prior electrodiagnostic studies of the upper extremities, which did not reveal any evidence of cervical radiculopathy, the most recent being in September 2011. The requested electrodiagnostic study for the upper extremities in April 2014 was certified but there is no documentation of the results. Given it is unclear if an electro diagnostic study has been done yet or its results, a repeat MRI of the C spine is premature. Therefore, the request for an MRI of the cervical spine was not necessary.