

Case Number:	CM14-0064947		
Date Assigned:	07/11/2014	Date of Injury:	01/28/2010
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 65-year-old female with a 1/28/10 date of injury, and right shoulder acromioplasty revision with rotator cuff repair on 6/12/12. At the time (4/21/14) of request for authorization for MRI of the cervical spine, there is documentation of subjective (chronic neck pain radiating to both arms) and objective (sensory loss over left C6 dermatomal distribution, difficulty lifting and holding up arms, spasms in both arms, and decreased deep tendon reflexes in right brachioradialis) findings, imaging findings (cervical MRI (10/24/13) report revealed IMC3-4 and C6-7 degenerative disk changes, 3 mm C3-4 disk bulge or protrusion with minimal cord impingement, and foraminal stenosis at bilateral C4-5 and right C6-7), current diagnoses (degenerative cervical spondylosis and myofascial pain syndrome), and treatment to date (medications, epidural steroid injections, home exercise program, and physical therapy). There is no documentation of diagnosis/condition 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 of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Official Disability Guidelines).

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 Guidelines: 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; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of 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 degenerative cervical spondylosis and myofascial pain syndrome. In addition, there is documentation of a previous cervical MRI on 10/24/13. However, despite documentation of subjective (chronic neck pain radiating to both arms) and objective (sensory loss over left C6 dermatomal distribution, difficulty lifting and holding up arms, spasms in both arms, and decreased deep tendon reflexes in right brachioradialis) findings, there is no (clear) documentation of diagnosis/condition for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.