

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0066468 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 02/23/2010 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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:

According to the records made available for review, this is a 61-year-old male with a 2/23/10 date of injury. At the time (4/30/14) of request for authorization for MRI of the cervical spine with 1.5 telsa scanner or greater and MRI of the right shoulder with 1.5 telsa scanner or greater, there is documentation of subjective (neck pain and stiffness, right shoulder pain and stiffness, as well as weakness) and objective (diminution of the biceps and brachioradialis reflexes on the right, localized tenderness in the right shoulder and the subacromial increased with any resistance to forward flexion, abduction, or external rotation consistent with supraspinatus tendinopathy and tearing of the rotator cuff) findings. Reported imaging findings (cervical spine MRI (7/21/11) revealed disc protrusions at C5-6 with mild bilateral neural encroachment and 3 mm disc protrusion at C6-7 with neural encroachment mild to moderate; shoulder MRI (7/21/11) revealed full-thickness tears of the supraspinatus tendon, adjacent to the attachment and another more proximal and posterior type 2 subacromial with tightness in the subacromial space with impingement), current diagnoses (cervical disc protrusion at C5-6, pending an epidural; rotator cuff tear of the shoulder, pending right shoulder rotator cuff repair), and treatment to date (activity modification and physical therapy). 1/7/14 medical report identifies a request for an MRI of the neck and right shoulder noting that at this point in time the patient is a surgical candidate for the shoulder and a candidate for epidural treatment of the neck and up-to-date testing would be prudent prior to in helping assist with surgical planning. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) 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 with 1.5 telsa scanner or greater: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and Upper Back (updated 4/14/14)Magnetic resonance imaging (MRI).

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 Guideline or Medical Evidence: (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, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment or diagnosis of nerve root compromise based on clear history and physical examination findings in preparation for invasive procedure; as criteria necessary to support the medical necessity of an 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 cervical disc protrusion at C5-6 pending an epidural, rotator cuff tear of the shoulder, pending right shoulder rotator cuff repair. In addition, there is documentation of a prior cervical spine MRI however, despite documentation that an MRI of the neck is being requested as the patient is a candidate for epidural treatment of the neck and there is a need for up-to-date testing prior to in helping assist with surgical planning, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) 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 with 1.5 telsa scanner or greater is not medically necessary.

MRI or the right shoulder with 1.5 telsa scanner or greater: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 3/31/14)Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Shoulder Chapter, Magnetic resonance imaging (MRI) Other Medical Treatment Guideline or Medical Evidence: (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; sub-acute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. In addition, 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 or 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 Cervical Disc Protrusion at C5-6; pending an epidural, rotator cuff tear of the shoulder; pending right shoulder rotator cuff repair. In addition, there is documentation of a prior right shoulder MRI however, despite documentation that an MRI of the right shoulder is being requested as the patient is a surgical candidate for the right shoulder and there is a need for up-to-date testing prior to in helping assist with surgical planning, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence the request for MRI or the right shoulder with 1.5 telsa scanner or greater is not medically necessary.