

Case Number:	CM14-0081227		
Date Assigned:	07/18/2014	Date of Injury:	04/08/2010
Decision Date:	08/28/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/02/2014

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, has 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 54-year-old male sustained an industrial injury on 4/8/11. The mechanism of injury was not documented. The patient was status post left shoulder surgery on 8/10/12. The 3/6/12 cervical spine MRI documented C3/4 and C4/5 central posterior disc protrusions indenting the thecal sac and abutting the spinal cord with mild central canal stenosis. At C5/6, there was disc protrusion indenting the thecal sac and impinging on the right anterior spinal cord with moderate central canal stenosis, right uncovertebral joint hypertrophy, and mild right neuroforaminal stenosis. There was a C6/7 disc protrusion with disc desiccation, indenting the thecal sac and partially obliterating the anterior subarachnoid space. There was moderate left neuroforaminal stenosis and mild central canal stenosis. The 4/1/14 treating physician report cited subjective complaint of grade 3/10 neck and 7/10 left shoulder pain. There was left shoulder joint popping and freezing up of the left shoulder. Cervical exam findings documented moderate loss of cervical extension and mild loss of all other ranges. Pain was reported with all motions. Spurling's test was positive on the left. Shoulder depressor test was positive bilaterally. Upper extremity deep tendon reflexes were 2+ and symmetrical. Motor strength testing demonstrated 5/5 strength but for left shoulder abduction and flexion which was 5-/5. Left shoulder exam documented mild to moderate loss in range of motion, pain with all motions, weakness in abduction and flexion, and positive impingement tests. The diagnosis was cervical disc syndrome and status post left shoulder surgery. The treatment plan recommended a neurosurgical consult for the cervical spine, an updated left shoulder MRI, continued home exercise program, and refills of topical creams. The 4/30/14 treating physician report indicated the patient was pending a neurosurgical consult and requested an updated cervical MRI. The 5/10/14 utilization review denied the request for a cervical spine MRI as there was no documentation of a significant change in symptoms

and/or findings suggestive of significant pathology to support the medical necessity of repeat imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The California MTUS guidelines provide criteria for ordering cervical spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Guideline criteria have not been met. There is no current physiologic evidence of tissue insult or neurologic dysfunction. There is no significant change in cervical symptoms and/or findings suggestive of significant pathology to support the medical necessity of repeat MRI. Therefore, this request for MRI of the cervical spine is not medically necessary.