

Case Number:	CM14-0093935		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2012
Decision Date:	10/01/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 63 year old female with an injury date on 10/01/2012. Based on the 04/07/2014 progress report provided by [REDACTED], the diagnoses are: Disc protrusion, C5-C6, with right sided C6 radiculopathy, right shoulder, rotator cuff injury, possible tear, status post right shoulder repair. According to this report, the patient complains of neck pain with radiation into the right upper extremity. The patient also complains of right shoulder pain, which has been increasing in the last month. Physical exam reveals tenderness over the right side of the cervical spine and right rotator cuff muscles. Ranges of motion of the cervical spine and right shoulder are decreased. Weakness of the right rotator cuff muscles is noted. Neer sign and Hawkin's sign are positive. MRI of the cervical spine on 01/30/2014 reveals 3mm posterior disc bulge, moderate to severe central canal stenosis measuring less than 7mm in AP dimension with effacement of the anterior CSF space, and mass effect on the ventral spinal cord at C3-C4; 2 mm retrolisthesis of C4 on C5 and moderate to severe right neural foraminal narrowing; and 3mm broad-based left subarticular to foraminal zone disc protrusion, mild-to-moderate central canal stenosis measuring less than 9mm in AP dimension, and severe left and moderate right neural foraminal narrowing. There were no other significant findings noted on this report. The utilization review denied the request on 06/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/02/2013 to 04/23/2014.

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): 177, 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the 04/07/2014 report by [REDACTED] this patient presents with neck pain with radiation into the right upper extremity. The treater is requesting a repeat MRI of the cervical spine as the prior MRI was on 01/30/2014. Regarding repeat MRI's, ODG guidelines states, "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)." Review of the reports from 12/02/2013 to 04/23/2014 shows no discussion to why the patient needs a repeat MRI of cervical spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of the cervical spine is not in accordance with the guidelines. Recommendation is for denial.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the 04/07/2014 report by [REDACTED] this patient presents with neck pain with radiation into the right upper extremity. The treater is requesting a repeat MRI of the right shoulder. The UR denial letter state-s "there is no documentation that a abnormal clinical findings are new onset. Furthermore, the claimant had an MRI of the right shoulder on 01/30/2014." MRI report of the right shoulder was not included in the file for review. Regarding MRI, the ODG guidelines state "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Review of the reports from 12/02/2013 to 04/23/2014 shows no discussion to why the patient needs a repeat MRI of the right shoulder when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of the right shoulder is not in accordance with the guidelines. Recommendation is for denial.

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127

Decision rationale: According to the 04/07/2014 report by [REDACTED] this patient presents with neck pain with radiation into the right upper extremity from a radiculopathy. The treater is requesting Pain Management consultation. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case the patient presents with chronic neck and shoulder pain and had surgery. The requested consultation with Physical medicine appears reasonable and medically indicated. Recommendation is for authorization.