

Case Number:	CM14-0132144		
Date Assigned:	08/22/2014	Date of Injury:	03/09/2013
Decision Date:	01/30/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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 64 year old male who sustained a work related injury on 3/09/2013. The mechanism of injury is described as cumulative trauma due to lifting patients. Per the Primary Treating Physician's Progress Report dated 6/10/2014 the injured worker reported neck pain and low back pain with radicular pain down the legs as well as right shoulder pain. Pain was rated as an 8-9 out of 10 using a visual analog scale. Objective findings revealed 3+ tenderness over the paraspinal, trapezius and parascapular muscles of the cervical spine. The cervical and shoulder decompression tests were positive. There is tenderness at the right acromioclavicular and anterior deltoid. Range of motion of the right shoulder is flexion 90 degrees, abduction 100 degrees, and internal and external rotation 45 degrees with pain. There is positive impingement on the right. Lumbar spine evaluation revealed 3+ tenderness and spasm over the sacroiliac joint, bilateral sacral base and spinous process. Straight leg raise test is positive at 45 degrees on the left with radicular pain down the lower extremity and positive Kemp's test. Diagnoses included right shoulder impingement, cervical and lumbar spine discopathy and cervical and lumbar radiculitis. The plan of care included magnetic resonance imaging (MRI) and epidural steroid injections as recommended by pain management. X-rays of the cervical spine dated 7/18/2014 revealed extensive anterior bony bridging and hyperostosis from the levels of C3-C7 with extensive hypertrophic changes at the C2-3 level with decrease in the C2-3 disc level. X-rays of the lumbar spine dated 7/18/2014 revealed extensive hypertrophic changes at T11-L5. Magnetic resonance imaging (MRI) of the cervical spine dated 7/14/2014 revealed C6-7 disc level dehiscence of the nucleus pulposus with a tear in the posterior annulus of the nucleus pulposus with a 4mm midline disc bulge effacing the anterior portion of the cervical subarachnoid space causing minimal decrease in the AP sagittal diameter of the cervical canal. Neural foramen are patent. Articular facets appear normal. There is mild straightening of the cervical curvature compatible with

cervical myositis. There is no evidence of fracture and disc spaces appear intact. On 7/30/2014, Utilization Review non-certified a prescription for MRI of the cervical spine, lumbar spine and right shoulder based on lack of medical necessity. The CA MTUS ACOEM Guidelines were cited.

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): 178.

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

Decision rationale: Pursuant to Official Disability Guidelines, MRI of cervical spine is not medically necessary. Magnetic resonance imaging of the cervical spine is not recommended in patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, compression, recurrent disc herniation). The indications for MRI are enumerated in the Official Disability Guidelines. In this case, the injured worker is 64 years old and the date of injury March 9, 2013. The injured worker's working diagnoses are right shoulder impingement; cervical and lumbar spine discopathy; and cervical and lumbar radiculitis. Progress note dated June 10, 2014 indicates the injured worker had "previous MRIs however we do not have records of that". The treating physician in his treatment plan indicates "I am requesting authorization for updated MRIs for the cervical and lumbar spine". The clinical findings in the medical record do not reflect the significant change in symptoms and/or objective findings suggestive of significant pathology. There is no neurologic evaluation documented in the June 10, 2014 progress note. A Qualified Medical Examination (QME) dated May 29, 2014 provides the MRI of his cervical spine from April 11, 2013. The results showed multilevel changes including the posterior disc protrusion of 2 to 3 mm at C3 - C4, 2 mm at C5 - C6 and 2 to 3 mm at C6 - C7. There is evidence of anterior disc protrusion of 3 mm at C3 - C4, 2 mm at C5 - C6, 2 to 3 mm at C6 - C7, and C7 - T-1, and 3 mm at T1 - T2. The actual MRI was not reviewed by the QME physician. This was a result report. The results do not indicate whether disk protrusion reflects a disc bulge or a herniated disc. The burden is on the treating physician to obtain and review the original MRI prior to engaging in a second MRI. It is unclear whether the primary treating physician reviewed the MRI. Consequently, absent the appropriate clinical documentation, prior MRI cervical spine review, MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs is the test of choice for patients with prior back surgery, but for uncomplicated low back pain, or radiculopathy, MRI is not recommended until after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The indications for MRI imaging are enumerated in the official disability guidelines. In this case, the injured worker is 64 years old and the date of injury March 9, 2013. The injured workers working diagnoses are right shoulder impingement; cervical and lumbar spine discopathy; and cervical and lumbar radiculitis. Progress note dated June 10, 2014 indicates the injured worker had "previous MRIs however we do not have records of that". The treating physician in his treatment plan indicates "I am requesting authorization for updated MRIs for the cervical and lumbar spine". The clinical findings in the medical record do not reflect the significant change in symptoms and/or objective findings suggestive of significant pathology. There is no neurologic evaluation documented in the June 10, 2014 progress note. A QME examination from May 25, 2014 contains the MRI lumbar spine results from April 11, 2013. The QME notes include moderately both scoliosis, disc and facet abnormalities including a posterior disc protrusion of 4 to 5 mm at L4 - L5 and 3 to 4 mm at L5 - S1. There is no discussion of whether disk protrusion reflects a disk bolts or herniated disc. It is unclear whether the primary treating physician reviewed the MRI. The documentation from the primary care treating physician does not show a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent the appropriate clinical documentation and appropriate clinical rationale to repeat the MRI lumbar spine, MRI lumbar spine (repeat) is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the right shoulder is not medically necessary. The indications for MRI imaging of the shoulder are enumerated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40 with normal x-rays; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant

pathology. In this case, the injured worker's working diagnosis (with respect to the right shoulder) is right shoulder impingement. Under the physical examination section of the right shoulder the treating physician indicates there is positive impingement on the right. An MRI was ordered to rule out a rotator cuff tear and/or impingement. The date of injury falls between March 1, 2012 and March 9, 2013. The injury, according to the treating physician, was approximately one year ago. The documentation does not indicate whether there was acute shoulder trauma, instability of the shoulder joint and whether a prior MRI was performed. Consequently, absent the appropriate clinical indication to support an MRI of shoulder according to the Official Disability Guidelines, MRI right shoulder is not medically necessary.