MAXIMUS Federal Services

Case Number:	CM14-0166322		
Date Assigned:	10/13/2014	Date of Injury:	09/24/2012
Decision Date:	08/26/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51-year-old female who sustained an industrial/work injury on 9/24/12. She reported an initial complaint of pain in right neck, shoulder, and hand pain/numbness and weakness. The injured worker was diagnosed as having cervical radiculopathy and right carpal tunnel syndrome. Treatment to date includes medication, physical therapy, wrist brace, and home exercises. MRI results were reported on 2/22/13 that revealed tendinitis, SLAP tear, chronic wear of the labrum, subacromial spurring. EMG/NCV (electromyography and nerve conduction velocity test) on 1/14/14 reports right moderate to severe carpal tunnel syndrome and right C5-6 radiculopathy. Currently, the injured worker complained of pain in right shoulder from neck to elbow and right first through third digits falling asleep. A wrist brace was worn. Per the primary physician's report (PR-2) on 9/10/14, exam noted shoulder abduction and flexion 90 degrees, 3+/5 muscle strength with decrease effort due to pain, and positive Phalen's test. The requested treatments include Repeat MRI of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the cervical spine without contrast: 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 Neck and Upper Back (updated 08/04/2014).

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

Decision rationale: The patient presents with pain in her right shoulder from the neck to the elbow and right first through third digits falling asleep. The request is for repeat MRI of the cervical spine without contrast. The request for authorization is dated 09/26/14. The patient is status post right shoulder surgery, 02/27/14. MRI of the cervical spine, 11/02/13, shows a 2 mm disc osteophyte with minimal narrowing of the central canal, uncinate ridging on the right without neuroforaminal compromise. EMG/NCS of the upper extremities, 01/14/14, shows there is electrodiagnostic evidence of right median sensorimotor neuropathy consistent with moderate to severe carpal tunnel syndrome. Right C5/C6 radiculopathy with active denervation. Physical examination reveals cervical spine range of motion within normal limits. Right shoulder abduction and flexion 90 degrees. Muscle strength right upper extremity 3+/5 with apparent decreased effort due to pain. Reflexes of both upper extremities nonreactive. Sensation pinprick decreased right upper extremity from the upper arm to the hand. Phalen positive right. She completed physical therapy. They gave her home exercise. Injection to her shoulder did not help. Patient's medications include Citalopram, Lovstatin, Atenolol, Hydrocodone, Naproxen and Zolpidem. Per progress report dated 09/10/11, the patient remains off work. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ODG-TWC Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)' states, "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, neurocompression, recurrent disc herniation)." Per progress report dated 09/10/14, treater's reason for the request is "to assess for stenosis resulting in the right cervical radiculopathy evident on EMG testing." However, there is no documentation or discussion on significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. Therefore, the request IS NOT medically necessary.