

Case Number:	CM14-0190541		
Date Assigned:	11/24/2014	Date of Injury:	04/15/2012
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehab, has a subspecialty in Pain Management 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 47 year old female with an injury date of 04/15/12. Based on the progress report dated 09/25/14, the patient is status post right shoulder rotator cuff repair with subsequent revision on 09/16/13. Presently, she complains of pain in the right shoulder radiating to neck and right hand, rated at 9/10. About 20% of her pain is in the left hand. The patient also suffers from constant numbness in arms and legs along with aching and swelling in the right leg. Physical examination of the cervical spine reveals tenderness in the right supraclavicular region with slight decrease in the range of motion. Physical examination, as per progress report dated 06/25/14, reveals tenderness over the AC joint. Medications, as per progress report dated 09/25/14, include Acetaminophen, Flurbiprofen, Laxacin, Somnicin, and Ciprofloxacin Hydrochloride. The patient has been allowed to work with restrictions, as per progress report dated 09/25/14. X-ray of the Cervical Spine, 04/19/14, as per progress report dated 09/25/14: Mild discogenic spondylosis C3 through C7, with reversal of cervical lordosis. X-ray of the Lumbar Spine, 04/19/14, as per progress report dated 09/25/14: Grade III spondylolisthesis at L5-S1. X-ray of the Right Shoulder, 04/19/14, as per progress report dated 09/25/14:- Sclerotic and loosened areas of humeral head consistent with post-surgical changes, - Small orthopedic fixation plate, and proximal metastasis of the humerus. Diagnoses, 09/25/14 are: - Status post right shoulder rotator cuff repair with subsequent revision- Bicipital tenodesis, - Cervical sprain with radicular symptoms. The provider is requesting for MRI of the cervical spine. The utilization review determination being challenged is dated 11/10/14. The rationale was lack of evidence indicating radiculopathy, neurologic dysfunction, or possible surgery. Treatment reports were provided from 12/20/13 - 09/25/14.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

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 & Upper Back, Magnetic Resonance Imaging (MRI)

Decision rationale: The patient is status post right shoulder rotator cuff repair with subsequent revision on 09/16/13, and presently complains of pain in the right shoulder radiating to neck and right hand, rated at 9/10, as per progress report dated 09/25/14. The request is for MRI of the cervical spine. The patient also has constant numbness in arms and legs along with aching and swelling in the right leg. ACOEM Guidelines, chapter 8, page 177-178 states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and on the topic 'magnetic resonance imaging (MRI)', 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the request for a cervical MRI was first made in progress report dated 03/14/14. In progress report dated 06/25/14, the provider states that their request was not authorized. However, as a result of a prior request for cervical MRI from another physician, the patient received an MRI of orbit, face and neck (no date provided). The provider states that "Unfortunately, the detail that I would normally expect is lacking from this report..." Progress report dated 09/25/14 from a third provider states that the patient had an MRI of the neck in 2013. The provider states that "I did not see a report of the MRI studies of the cervical spine. MRI studies of the cervical spine are requested. If this has already been performed, I would appreciate receiving the results." Based on the available information from various progress reports it would appear that the patient already had an MRI of C-spine. There does not appear to be a need to have it repeated. There is no new injury or clinical and neurological decline. This request is not medically necessary.