

Case Number:	CM14-0199932		
Date Assigned:	12/10/2014	Date of Injury:	04/24/2013
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 39 year old male with a work injury dated 4/24/13. The diagnoses include repetitive stress injuries with chronic pain syndrome; chronic cervical sprain/strain; chronic thoracic sprain/strain; chronic lumbar sprain/strain; left lateral shoulder sprain/strain; right wrist sprain/strain. Under consideration are requests for MRI of the bilateral shoulders, MRI of the cervical spine; MRI of the lumbar spine. There is an 11/7/14 primary treating physician report that states that the patient reports increasing bilateral shoulder, neck, and back pain. He is frustrated that physical therapy and acupuncture has not alleviated his pain. He does feel that his pain in these areas is increasing. He is concerned with his condition. He has been evaluated by an orthopedic AME and diagnostic imaging was recommended. On physical exam he has depressed affect. His gait is normal. He has diffuse cervical, thoracic and lumbar spine tenderness. He has bilateral impingement sign on exam of the bilateral shoulders. The treatment plan includes a request for bilateral shoulder, cervical spine and lumbar MRI. The patient will continue a home exercise program and medication management. He may work light duties. X-ray of the cervical spine reviewed 5/29/14 stated "Normal appearing disc spaces and vertebral bodies. No evidence of fracture or displacement. No evidence of subluxation. on lateral views." X-ray of the left and right shoulder reviewed on 5/29/14 documented "Normal appearing joint spaces and articular surfaces. No evidence of fracture or dislocation" X-ray of the lumbar spine reviewed on 5/29/14 documented "Normal appearing disc spaces and vertebral bodies. No evidence of fracture or displacement No spondylolysis or spondylolisthesis. An agreed medical examiner (AME) dated 9/3/14 states that to reach maximum medical improvement the treating Doctor may consider the following, "If the patient had impingement to the shoulders treatment options might include injections and even surgery. With regard to the wrist with tendonitis would include injections

and even surgery. With regard to the neck and low back this was apparently to PT, it did not appear there was anything else significant.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- MRI

Decision rationale: MRI bilateral shoulders are not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g. Cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; 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. The documentation indicates that the patient has normal plain radiographs, is not over 40, and physical exam findings do not reveal a red flag condition or findings suggestive of significant pathology. The request for an MRI of the bilateral shoulders is not medically necessary.

MRI 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 and 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- Magnetic resonance imaging (MRI)

Decision rationale: MRI of the cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most

patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury. The documentation does not indicate evidence of red flag findings or progressive neurological deficits therefore the request for an MRI of the cervical spine is not medically necessary.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.