

Case Number:	CM14-0201224		
Date Assigned:	12/11/2014	Date of Injury:	05/06/2013
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
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 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 30 year old female with an injury date of 05/06/13. The 10/27/14 report states that the patient presents with bilateral wrist pain with weakness, neck pain with numbness and weakness in the left upper extremity as well as headaches, left shoulder pain, lower back pain more left than right, anxiety and depression from pain, and sexual dysfunction due to depression and pain. The patient is temporarily totally disabled until 12/20/14. Examination shows bilateral tenderness in the paravertebral and trapezial musculature. The following cervical spine tests are positive bilaterally: Cervical distraction, Maximal foraminal compression and Soto Hall. Shoulder depression test is positive on the left. There is tenderness on palpation in the left bicipital groove, capsule and soft tissues. Apley scratch test and Supraspinatus test are positive for the left shoulder. The patient's diagnoses include: 1. Left and right wrist post-operative carpal tunnel release 2. Cervical HNP with radiculopathy to the left upper extremity 3. Cervicogenic headaches 4. Left shoulder derangement 5. Lumbar spine MLI, bulge out HNP 6. Anxiety, depression 7. Sexual Dysfunction The treater is requesting for continued physical therapy and continued acupuncture treatments. The patient reports pain relief from left and right carpal tunnel release (March 2014 and May 2014). The utilization review being challenged is dated 11/10/14. Reports were provided from 04/21/14 to 10/27/14.

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.

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

Decision rationale: The patient presents with neck pain into the left upper extremity along with headaches, and pain in the left shoulder and lower back. The current request is for MRI of the cervical spine. This request is per report of 10/27/14. ODG guidelines, Neck and Upper Back Chapter, MRI, states recommended for indications that include: Chronic neck pain following 3 months conservative treatment, normal radiographs, neurologic signs or symptoms. " 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)" In this case, the patient has a diagnosis of cervical HNP with radiculopathy to the left upper extremity that is confirmed by objective findings on examination. However, the diagnostic record review in the report of 10/27/14 states, "MRI of the cervical spine demonstrates at C5-6 there is a mild bulging of the disc no causing any central canal or nerve canal stenosis, straightening of the cervical spine." The report does not cite the date of this study nor is a prior cervical MRI listed in the reports provided for the 11/10/14 utilization review. There is no evidence of prior back surgery for this patient. The treater does not explain why a repeat MRI is needed. There is no documentation of a significant change in symptoms or findings suggestive of tumor, fracture, neurocompression, infection or recurrent disc herniation. The request IS NOT medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents with neck pain into the left upper extremity along with headaches, and pain in the left shoulder and lower back. The current request is for MRI of the left shoulder per the 10/27/14 report. ODG guidelines, Shoulder Chapter, MRI, states recommended with the following indications: Acute shoulder trauma, suspect rotator cuff tear/impingement; Sub acute shoulder pain, suspect instability/labral tear; Repeat MRI not routinely recommended and should be reserved for a change in symptoms or findings suggestive of significant pathology. The diagnostic record review in the report of 10/27/14 states, "MRI of the left shoulder dated 07/23/13 demonstrates no rotator cuff tear, but mild tenderness of the supraspinatus tendon." There is no evidence of prior shoulder surgery for this patient. Per guidelines, repeat MRI is not routinely recommended in absence of a change of symptoms or findings suggestive of significant pathology. The treater does not explain the reason for this

request, and there is no evidence in the reports provided of significant pathology such as tumor, fracture or infection. The request IS NOT medically necessary.