

Case Number:	CM14-0201927		
Date Assigned:	12/12/2014	Date of Injury:	08/19/2014
Decision Date:	02/03/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/02/2014

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 51 year-old female janitor who injured her right shoulder on 8/19/2014 when she was lifting a heavy garbage bag. She was initially seen at an ER and was told she had tendonitis, then referred for care at [REDACTED] for further management and PT. She was then referred to PM&R. According to the 10/10/14 physiatry report, the patient's initial symptoms included sudden onset shoulder pain and burning sensation down the right arm, and subsequently she began to notice neck pain and tingling down the arm. The physical examination on 10/10/14 shows 50% limited motion in the right shoulder; 75% of normal cervical motion, without motor or sensory deficits. The physiatrist requests an MRI for the cervical spine and right shoulder, because it has been 2-months post-injury and there was still decreased ROM. He states it is too early to do an EMG/NCV as these are usually done after 3-months. On 10/27/14 Utilization Review denied the cervical MRI, stating it was not clear why the cervical MRI was being considered before shoulder imaging. Review of the records show the cervical and shoulder MRIs were performed on 10/14/2014. Cervical MRI revealed slight retrolisthesis C4 on C5 with moderate-to-severe right and moderate left foraminal stenosis; and congenitally short pedicles contribute to the stenosis. At C5/6 there was 2mm bulge and arthropathy and moderate-to-severe right foraminal stenosis and moderate left. The 10/14/14 MRI of the right shoulder revealed mild tendinosis and bursitis without visible cuff or labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine Without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient is a 51 year-old female janitor who injured her right shoulder on 8/19/2014 when she was lifting a heavy garbage bag. Shortly after, she developed cervical pain and paresthesias down the right arm. She had 3 sessions of PT, modified activity and medications but had persistent symptoms after 2-months. The patient's initial Physiatry visit was on 10/10/14, and MRI studies were ordered for the cervical spine and right shoulder. It appears that UR was under the impression that a cervical MRI was being requested before evaluating with shoulder imaging, and denied the cervical MRI on 10/27/14. This review is for "MRI Cervical Spine without Contrast" MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 "Neck and Upper Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg. 177-178 states: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The patient's cervical spine has not improved with 2-months of conservative care and there was development of paresthesia down the right arm. The patient appears to meet the ACOEM criteria for special studies of the cervical spine; and on hindsight the imaging studies on the right shoulder were fairly mild and did not explain the paresthesia down the right arm. The cervical MRI does show right greater-than left foraminal stenosis. The request for the MRI of the Cervical Spine without Contrast is medically necessary.