

Case Number:	CM15-0000643		
Date Assigned:	01/12/2015	Date of Injury:	04/29/2012
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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 63 year old female, who sustained an industrial injury on 04/29/2012. She has reported right shoulder pain and neck pain. The diagnoses have included cervicgia and cervical radiculopathy. Treatment to date has included medications, physical therapy sessions, acupuncture sessions, chiropractic sessions, and surgical intervention. Medications have included Naproxen and pantoprazole. Surgical intervention has included right shoulder arthroscopic subacromial decompression, performed on 10/17/2013, and right shoulder revision surgery, performed on 04/14/2014. A progress note from the treating physician, dated 12/19/2014, documents a follow-up visit with the injured worker. The injured worker reported right shoulder pain, rated 6/10 on the visual analog scale; cervical pain with right greater than left upper extremity symptoms; and ADLs maintained with current medication regime. Objective findings included tenderness of the right shoulder with improving range of motion; and cervical range of motion percent of normal: flexion 50, extension 40, left and right lateral tilt 50, left rotation 50. The physician lists the injured worker as temporarily partially disabled with no use of the right upper extremity for at or above shoulder level activities, reaching, pushing, and pulling. The treatment plan has included observe in regards to right shoulder; continue TENS; continue with request for psychological evaluation; proceed with chiropractic treatment cervical spine as 6 sessions approved; continue with request for MRI of the cervical spine; and follow-up evaluation in 3 weeks. On 12/23/2014 Utilization Review non-certified a Cervical MRI, noting insufficient documentation. The MTUS, ACOEM, OMPG, Second Edition (2004), Chapter 8 was cited. On 01/02/2015, the injured worker submitted an application for IMR for review of a Cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation neck and upper back chapter, MRI

Decision rationale: This patient presents with right shoulder, cervical spine pain with bilateral upper extremity symptoms. The treater is requesting CERVICAL MRI. The RFA was not made available for review. The patient s date of injury is from 04/29/2012 and her current work status is temporarily partially disabled. The ACOEM Guidelines have the following criteria for imaging studies on page 177 and 178: 1. Emergence of a red flag. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in a strengthening program intended to avoid surgery. 4. Clarification of anatomy prior to invasive procedure. In addition, ODG under the neck and upper back chapter on MRI states, MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor infection and fracture or for a clarification of anatomy prior to surgery. The records do not show any previous MRI of the cervical spine. The treater made the request for rule out discal/intradiscal component/mass effect. The examination from the 12/19/2014 report shows cervical range of motion is 50% of normal, extension 40% of normal, left and right lateral tilt 50% of normal, and left rotation 50% of normal. Neurologic evaluation remains unchanged. No neurologic or sensory deficits were noted in any of the reports. No radicular symptoms were reported. In this case, the patient does not meet the criteria for an MRI of the cervical spine per the ACOEM and ODG Guidelines. The request IS NOT medically necessary.