

Case Number:	CM15-0104875		
Date Assigned:	06/10/2015	Date of Injury:	12/23/2013
Decision Date:	09/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old female, who sustained an industrial injury on 12-23-2013. The mechanism of injury was not described. The injured worker was diagnosed as having pain in joint, shoulder region. Treatment to date has included physical therapy. Currently (4-15-2015), the injured worker complains of global discomfort in her shoulder area and some type of numbness and tingling in her fingertips. Physical exam noted no acute distress. Exam of the shoulder noted tenderness in the cervical spine, trapezius area, acromioclavicular joint, and subacromial space. Range of motion was guarded by pain, but passively she had excellent range of motion of the left shoulder with very good strength. She was not taking any medications. The treatment plan included magnetic resonance imaging of the cervical spine to see if there was a nerve root impingement.

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 as Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine as an outpatient is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. 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). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are possible bursitis. The date of injury is December 23, 2013. Request for authorization is April 23, 2015. According to an initial orthopedic evaluation dated April 15, 2015, e.g. worker presents for follow-up of shoulder complaints. The injured worker's symptoms are unchanged with numbness and tingling in the fingertips. The symptoms are generalized about the shoulder joint. There are no neck complaints. Objectively, there is no cervical spine examination. Examination is limited to the shoulder. There are no neurologic deficits in the medical record. There are no unequivocal objective findings that identify specific nerve compromise. Based on the clinical information in the medical record peer-reviewed evidence-based guidelines, no subjective documentation of cervical spine complaints, no objective clinical findings of a cervical spine examination and no unequivocal objective neurologic findings on the neurologic evaluation, MRI cervical spine as an outpatient is not medically necessary.