MAXIMUS Federal Services

Case Number:	CM15-0140069		
Date Assigned:	07/29/2015	Date of Injury:	05/21/2010
Decision Date:	09/01/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 52-year-old female who sustained an industrial injury on 5-21-2010. She has reported a repetitive injury to the cervical spine, right shoulder, left shoulder, and right elbow and has been diagnosed with status post removal of symptomatic hardware repair of C6-C7 psuedoarthrosis and disk replacement at C4-5, status post cervical hybrid reconstruction with disc replacement at C4-5 and anterior cervical spine discectomy and fusion C5 to C7, right shoulder internal derangement, left shoulder impingement, rule out rotator cuff pathology, and bilateral cubital tunnel-carpal tunnel syndrome, right greater than left. Treatment has included medications, surgery, physical therapy, acupuncture, chiropractic care, and injection. Cervical spine revealed palpable paravertebral muscle tenderness with spasm. There was a positive axial loading compression test. Spurling's maneuver was positive. Range of motion was restricted due to pain. There was tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement sign were positive. There was pain with terminal motion. There was tenderness in the right elbow medial epicondyle and olecranon fossa. There was a positive Tinel's sign at the elbow. There was a positive palmar compression test with subsequent Phalen's maneuver. Range of motion was painful. The treatment request included a MRI of the cervical spine and MRI of the right shoulder. The treatment request included a MRI of the cervical spine and MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic, updated 06/25/15), Magnetic resonance imaging (MRI).

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines Ch. 8 (Neck & Upper Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." Table 8-8 (Summary of Recommendations and Evidence) recommends "MRI or CT to Validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." Because MTUS is silent concerning repeat MRIs, ODG was also consulted. ODG states: "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 injured worker is s/p complex neck surgery. Although she reports significant current neck pain with radiating pain, upper extremity electrodiagnostic studies failed to reveal evidence of radiculopathy. 11/26/14 cervical x-rays with flexion/extension views revealed solid fusion at C5-6, artificial disc C4-5, and some lagging of bone graft at C6-7. EMG studies may fail to detect a sensory radiculopathy. Based upon the injured worker's complex surgical history, ongoing symptoms, and question of fusion non-union at C6-7 per x-ray studies, the requested repeat cervical MRI is reasonable and medically necessary.

MRI Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines Ch. 9 (Shoulder Complaints) Special Studies and Diagnostic and Treatment Considerations states: Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Persistent shoulder pain, associated with neurovascular compression

symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. Based upon the injured worker's documented persistent right shoulder symptoms despite a course of conservative treatment, with evidence of impingement on physical exam, the requested right shoulder MRI is consistent with MTUS recommendations. This request is medically necessary.