

Case Number:	CM15-0142241		
Date Assigned:	08/03/2015	Date of Injury:	06/18/2013
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old male, who sustained an industrial injury on 6-18-2013. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having left elbow ulnar nerve compression, left elbow extensor and ulnar collateral ligament partial tear, left shoulder pain and left pectoralis major tenderness and swelling. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, left shoulder surgery and medication management. In a progress note dated 7-8-2015, the injured worker complains of numbness and tingling in the left fingers, left elbow pain, left shoulder pain, neck pain and swelling and pain of the left pectoralis major. Physical examination showed tenderness in the left pectoralis major muscle and appears slightly larger than the right side, left elbow painful range of motion and tenderness in the left shoulder and left pectoralis major and positive Tinel's sign in the left elbow. The treating physician is requesting cervical spine magnetic resonance imaging without contrast and chest magnetic resonance imaging without contrast.

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 without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. 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, and have no neurologic findings, do not need imaging". Indications for imaging- MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit". The treating physician has not provided evidence of red flags to meet the criteria above. As such the request for MRI of the cervical spine without contrast is not medically necessary.

MRI of the chest without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation UpToDate.com, Magnetic resonance imaging of the thorax.

Decision rationale: MTUS only discusses chest in the context that a chest radiograph may be warranted "to clarify apparent referred cardiac pain. Chest radiographs may be needed to elucidate shoulder pain that could be the result of pneumothorax, apical lung tumor, or other apical disease such as tuberculosis". Up-to-date states: MRI is an important tool in the evaluation of chest structures. Although CT plays a primary role in non-cardiac chest imaging, the multiplanar capabilities and excellent tissue contrast of MRI make it equal or superior to CT in several areas including: Assessment of the lung apices, diaphragm, and spinal column. Evaluation of pleural disease. Evaluation of paraspinal masses. Assessment of local tumor extension, particularly chest wall invasion, and delineation of blood vessel invasion. Metastatic invasion of bone marrow. Certain aspects of staging of bronchogenic carcinoma; however, MRI still plays an adjunctive role to CT in this setting. The medical records do not detail concerns

regarding any of the above conditions where an MRI of the chest would be indicated. As such, the request for MRI of the chest without contrast is not medically necessary at this time.