

Case Number:	CM15-0160288		
Date Assigned:	08/27/2015	Date of Injury:	01/23/2008
Decision Date:	10/27/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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, Hawaii

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 67 year old male, who sustained an industrial injury on 1-23-2008. Medical records indicate the worker is undergoing treatment for right shoulder impingement and arthrofibrosis and possible cervical spine degenerative disc disease with radiculopathy. A recent progress report dated 6-19-2015, reported the injured worker complained of neck pain and right shoulder pain. Physical examination revealed 50% cervical range of motion of normal activities secondary to pain and positive compression test with radiation down the right upper extremity. Examination of the right shoulder revealed full range of motion with pain above 60 degrees abduction and flexion. Treatment to date has included Norco and Diclofenac ER. And undated magnetic resonance imaging of the cervical spine indicated cervical 4-7 narrowing interspaces with posterior disc protrusions. The physician is requesting cervical magnetic resonance imaging. On 8-4-2015, the Utilization Review noncertified cervical magnetic resonance imaging.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Neck chapter, MRI.

Decision rationale: The patient presents with right shoulder and neck pain. The current request is for MRI of the Cervical Spine. The treating physician's report dated 06/19/2015 (6B) states, "An MRI was conducted of the cervical spine and the results indicating narrowing of the interspaces with posterior disc protrusions at C4-5, C5-6 and C6-7." The MRI report referenced was not provided for review. The ACOEM Guidelines Chapter 8 page 177 and 178 on neck and upper back complaints: 1. Emergence of a red flag 2. Physiologic evidence of tissue insult or neurologic dysfunction 3. Failure to progress in the strengthening program intended to avoid surgery 4. Clarification of anatomy prior to invasive procedure. In addition, ODG Guidelines under the Neck chapter on MRIs state, "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. Patients who do not fall into this category should have a three view cervical radiographic series followed by computed tomography (CT). 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 clarification of anatomy prior to surgery." The examination of the cervical spine on 06/19/2015 (7B) notes positive compression test with radiation down his right upper extremity. Range of motion is limited to approximately 50% of the normal activities secondary to pain. In this case, the physician has noted positive neurological findings and the patient meets the required criteria based on the ACOEM and ODG Guidelines. The current request is medically necessary.