

Case Number:	CM15-0187637		
Date Assigned:	09/29/2015	Date of Injury:	06/02/2008
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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 52 year old male who sustained an industrial injury on 06-02-2008. Medical records indicated the worker was treated for a cervical disc bulge, thoracic strain, lumbar disc rupture, right shoulder internal derangement, and left shoulder surgery. In the provider notes of 08-11-2015, the injured worker complains of constant neck, shoulder and lower back pain with pain radiating into the left lower extremity and bilateral upper extremities. There is increased pain in the mid back with radiating pain into the left chest. Treatment has included medications; diagnostics, left shoulder arthroscopy with debridement (10-29-2011), bursectomy, acromionectomy, and claviclectomy, left shoulder surgery (2008) physical therapy, and acupuncture. On exam, light touch sensation to the left lateral shoulder, index, and small finger and distal thumb was diminished. There are no measurements of range of motion. The worker uses a one point cane for assistance in ambulation. He is noted to have stayed standing during exam due to pain. The plan of care is for outpatient MRI's. A request for authorization was submitted for: 1. Outpatient MRI of the right upper arm. 2. Outpatient MRI of the left shoulder. 3. Outpatient MRI of the cervical spine. A utilization review decision 08/25/2015 denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the right upper arm: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Elbow, Magnetic resonance imaging (MRI).

Decision rationale: The records indicate the patient has constant neck, shoulder and low back pain with pain traveling into the upper extremities bilaterally and left lower extremity. The current request for consideration is outpatient MRI of the right upper arm. The ODG states that magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI, best defines larger tears and partial-thickness tears. 1. Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. 2. Sub acute shoulder pain, suspect instability/labral tear. 3. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has no objective documentation of right upper arm deficits, which would justify authorization of an MRI. There has been no recent trauma. There is no clinical justification offered for an MRI scan of the right upper arm. As such, the medical necessity has not been established by the documents made available for review.

Outpatient MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter, Magnetic resonance imaging (MRI).

Decision rationale: The records indicate the patient has constant neck, shoulder and low back pain with pain traveling into the upper extremities bilaterally and left lower extremity. The current request for consideration is outpatient MRI of the left shoulder. The ODG states that magnetic resonance imaging (MRI) and arthrography have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly

arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. In this case, the patient has decreased sensation in the left lateral shoulder. There are no positive orthopedic tests for the right upper arm, significant loss of range of motion, weakness or tenderness to palpation. The attending physician offers no justification for the request of an MRI of the left shoulder. As such the medical necessity has not been established by the documents made available for review.

Outpatient MRI of the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, Magnetic resonance imaging (MRI).

Decision rationale: The records indicate the patient has constant neck, shoulder and low back pain with pain traveling into the upper extremities bilaterally and left lower extremity. The current request for consideration is for outpatient MRI of the cervical spine. The ODG states that MRI of the cervical spine is 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). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. 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). ODG offers the following indications for MRI imaging of the cervical spine:-chronic neck pain, radiographs normal, neurological signs or symptoms present-Neck pain with radiculopathy if severe or progressive neurological deficit-Chronic neck pain, radiographs show old trauma, neurological 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, radiographs and/or CT "normal"-Known cervical trauma, equivocal or positive plain films with neurological deficit-upper back thoracic spine trauma with neurological deficit In this case, guidelines recommend MRI of the cervical spine with neck pain with radiculopathy if severe or progressive neurological deficit. The physical examination fails to provide documentation of focal neurological deficit, such as decreased sensation in a dermatomal distribution, diminished reflexes, or diminished motor testing. There are no exam findings, which demonstrate positive nerve tension. The available medical records do not establish medical necessity for the request of cervical MRI.