

Case Number:	CM15-0203212		
Date Assigned:	10/19/2015	Date of Injury:	11/15/2011
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male patient with an industrial injury date of 02-19-2008-11-15-2011 (cumulative trauma). The diagnoses include cervical discopathy, status post left shoulder surgery, shoulder impingement - rule out rotator cuff pathology, lumbar discopathy and electro diagnostic evidence of lumbar 4-5 radiculopathy. Per the doctor's note dated 8/4/15, he had complaints of flare up of left shoulder with residual weakness; frequent pain in the left shoulder rated as 5 out of 10; pain in cervical spine at 7/10 radiating into the upper extremities and associated with headaches; pain in the right shoulder rated as 7 out of 10 and pain in the lumbar spine with radiation to lower extremities also rated as 7 out of 10. Physical exam revealed palpable paravertebral muscle tenderness with spasm, Axial loading compression test and Spurling's maneuver positive, limited range of motion with pain; Exam of left shoulder- tenderness at left shoulder anteriorly and subacromial space, limited range of motion, tenderness around the anterior glenohumeral region and subacromial space of the right shoulder; positive Hawkins's and impingement signs. The current medications list is not specified in the records provided. Prior treatment included lumbar epidural steroid injection and facet blocks (2012, 2013). He had cervical MRI on 2/14/2012 which revealed disc protrusion at C5-6 with moderate central canal stenosis and moderately severe right neuroforaminal encroachment; cervical spine X-rays (as per AME 8/24/15). The official report is not indicated in the medical record review. He has undergone left shoulder surgery on 7/11/14. The treatment plan included MRI of the cervical spine. On 09-23-2015 the request for MRI of the cervical spine was non-certified by utilization review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15), Magnetic resonance imaging (MRI).

Decision rationale: Request- MRI of the Cervical Spine. The ACOEM guidelines recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible. Not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. He had cervical MRI on 2/14/2012 which revealed disc protrusion at C5-6 with moderate central canal stenosis and moderately severe right neuroforaminal encroachment. The report of this MRI was not specified in the records provided. Per ODG neck/ upper back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Significant change in signs or symptoms since the previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Evidence of failure of recent conservative therapy including pharmacotherapy is not specified in the records provided. The medical necessity of MRI of the cervical spine is not established for this patient. The request is not medically necessary.