

Case Number:	CM15-0029485		
Date Assigned:	02/23/2015	Date of Injury:	09/21/2010
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 56-year-old female, who sustained a work related injury on 9/21/10. She suffered a left shoulder injury from placing yellow dots on documents. The diagnoses have included cervical discopathy with left arm radiculopathy, status post left carpal tunnel release, status post left shoulder and elbow surgery and reactionary depression/anxiety. Treatments to date have included physical therapy, acupuncture, MRI cervical spine 1/20/15, MRI arthrogram on 1/22/15, oral medications, left shoulder surgery, left elbow surgery, left carpal tunnel release, left intra-articular shoulder joint injection and modified activities. In the PR-2 dated 12/18/14, the injured worker complains of left sided neck pain with left arm radiculopathy. She has tenderness to palpation of cervical musculature with trigger point areas. She has decreased range of motion in neck. She has tenderness to palpation of both shoulder joints. She has decreased range of motion in shoulders, left worse than right. There have been several denials for epidural steroid injections in cervical spine. On 1/26/15, Utilization Review non-certified a repeat MRI of cervical spine. The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the Cervical Spine-High quality multi-positional weight-bearing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-178, 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 13th Edition (web), 2015, Neck & Upper Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)'.

Decision rationale: Based on the 01/29/15 progress report, the patient presents with ongoing neck pain, cervicogenic headaches as well as pain radiating down to both upper extremities. Patient rates her neck pain 7/10. The request is for REPEAT MRI OF THE CERVICAL SPINE. Physical examination to the cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity. Range of motion was decreased with obvious muscle guarding, especially on extension 30 degrees. Treatments to date have included physical therapy, acupuncture, MRI cervical spine 1/20/15, MRI arthrogram on 1/22/15, oral medications, left shoulder surgery, left elbow surgery, left carpal tunnel release, left intra-articular shoulder joint injection and modified activities. Patient is not working. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "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)." In this case, the treater does not provide a rationale for a "repeat MRI." However, it would appear that the requested MRI was already obtained without authorization on 1/20/15, as the UR date is 1/26/15. Given the date of injury dating back a number of years, there was likely another MRI which was not available on the file provided. Other than the patient's persistent symptoms, the treater does not describe a new injury, significant change in neurological findings, red flags, or consideration of surgical planning to warrant an updated MRI. The MRI obtained on Jan 2015 does not appear supported by the guidelines. The request IS NOT medically necessary.