

Case Number:	CM15-0058956		
Date Assigned:	04/17/2015	Date of Injury:	11/08/2007
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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 54 year old male, who sustained an industrial injury on November 8, 2007. Treatment to date has included cervical spine fusion, medications, imaging of the cervical spine, and cervical medial branch block. Currently the injured worker complains of chronic pain in the lumbar, thoracic and cervical spine regions with pain radiating down the left arm. Diagnoses associated with the request included regional spine pain, shoulder pain, cervicalgia, thoracic spine pain and chronic pain syndrome. His treatment plan included imaging of the right shoulder, MRI of the cervical spine, suprascapular scapular nerve block, consideration for left lateral epicondyle steroid injection and extensor tendon injection and medications.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: Based on the 02/18/15 progress report provided by treating physician, the patient presents with chronic pain in the cervical spine region with pain radiating down the left arm, rated 5-9/10. The request is for MRI OF THE CERVICAL SPINE. Patient is status post fusion to C5-C6 May 2011. No RFA provided. Patient's diagnosis on 02/18/15 included cervicgia, cervical spondylosis without myelopathy and chronic pain syndrome. Treatment to date has included cervical spine fusion, medications, imaging of the cervical spine, and cervical medial branch block. Patient medications include Alprazolam, Carisoprodol, Norco, Lisinopril, Omeprazole, Simvastatin, Triamterene, Venlafaxine, and Warfarin. Patient's work status not available. 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. UR letter dated 03/03/15 states "there was no indication of any decreased motor strength or increased sensory deficits." Treater has not provided reason for the request. In this case, the patient has neck pain with radicular symptoms to left arm. Physical examination to the cervical spine on 02/18/15 revealed tenderness to palpation, decreased range of motion and pain on facet loading. ODG guidelines support MRI of C-spine for neurologic signs or symptoms. There is no evidence of prior cervical MRI. Given the patient's significant radicular symptoms, an MRI of the cervical spine appears reasonable and consistent with the guidelines. Therefore, the request IS medically necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back-thoracic chapter, MRI, low back-thoracic chapter, Facet joint injections, thoracic.

Decision rationale: Based on the 02/18/15 progress report provided by treating physician, the patient presents with chronic pain in the thoracic spine region, rated 5-9/10. The request is for MRI OF THE THORACIC SPINE. Patient's diagnosis on 02/18/15 included thoracic spine pain,

thoracic spondylosis without myelopathy and chronic pain syndrome. Treatment to date has included cervical spine fusion, medications, imaging of the cervical spine, and cervical medial branch block. Patient medications include Alprazolam, Carisoprodol, Norco, Lisinopril, Omeprazole, Simvastatin, Triamterene, Venlafaxine, and Warfarin. Patient's work status not available. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under MRIs (magnetic resonance imaging) states: "Indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurologic deficit. Lumbar spine trauma: with neurologic deficit." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Facet joint injections, thoracic states: "Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended." Treater has not provided reason for the request. Per 02/18/15 progress report, treater plans "medial branch blocks T9 gap T11 followed by radiofrequency ablation." Physical examination to the Thoracic spine on 02/18/14 revealed paraspinal tenderness at T9-11 on the right. Range of motion increased pain over facet joints "T9-11 does not radiate around the chest." However, treater has not documented thoracic spine trauma nor discussed neurologic deficits as indicated by ODG. Subjective pain does not warrant MRI, though it does not appear the patient has had MRI of the thoracic spine done previously. In this case, the patient does not present with any radicular symptoms, no red flags, or neurologic deficits to warrant an MRI. Furthermore, ODG does not recommend facet joint blocks in the thoracic spine, for which treater may have intended MRI of the thoracic spine for. Therefore, the request IS NOT medically necessary.

X-Ray of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter, Radiography.

Decision rationale: Based on the 02/18/15 progress report provided by treating physician, the patient presents with right shoulder pain rated 5-9/10, related to a suprascapular neuritis. The request is for X-RAY OF THE RIGHT SHOULDER. No RFA provided. Patient's diagnosis on 02/18/15 included shoulder pain and chronic pain syndrome. Treatment to date has included cervical spine fusion, medications, imaging of the cervical spine, and cervical medial branch block. Patient medications include Alprazolam, Carisoprodol, Norco, Lisinopril, Omeprazole, Simvastatin, Triamterene, Venlafaxine, and Warfarin. Patient's work status not available. ODG-TWC, Shoulder (Acute & Chronic) Chapter under Radiography states: "Indications for imaging Plain radiographs: Acute shoulder trauma, rule out fracture or dislocation- Acute shoulder trauma, questionable bursitis, blood calcium (Ca+/-) approximately 3 months duration, first study." Per progress report dated 02/18/14, treater states "there is no radicular pain going into the arms at this time however there is pain to the right suprascapular area to palpation range of motion is adequate pain is referred to the suprascapular nerve on the right side. pain with light and deep palpation of the suprascapular notch." There is no evidence of prior X-ray of the right shoulder in provided documents. In this case, there is no indication that the patient has an acute shoulder trauma to rule out fracture, dislocation or questionable bursitis. Furthermore, treater has not provided documentation to indicate that the patient has an acute shoulder trauma to

warrant radiographic study of the right shoulder. This request for x-ray of the right shoulder does not meet guideline indications. Therefore, the request IS NOT medically necessary.