

Case Number:	CM15-0058992		
Date Assigned:	04/03/2015	Date of Injury:	07/02/1997
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
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 was a 65-year-old male, who sustained an industrial injury, July 2, 1997. The injured worker previously received the following treatments Fentanyl Patches, Celebrex, Neurontin, cervical MRI in 2011, 5 right shoulder surgeries, trigger point injection therapy, subdeltoid bursa injections, left shoulder MRI, physical therapy left shoulder, Gabapentin, Norco, Ambien, home exercise program and Cosamine. The injured worker was diagnosed with chronic right shoulder pain, left shoulder pain and inadequately controlled with medication. According to progress note of March 9, 2015, the injured workers chief complaint was increased neck pain. The pain was aggravated by lifting and motion of the neck. The injured worker described the pain as constant, ache, muscle spasms and worse in the evening. The injured worker rated the pain 6 out of 10; 0 being no pain and 10 being the worse pain. The pain decreased with medication. The physical exam noted the cervical neck with range of motion. The treatment plan included a repeat cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with increased neck pain, rated at a 6/10. The request is for a repeat cervical MRI. The RFA provided is dated 03/09/15 and the patient's date of injury is 07/02/97. The patient was diagnosed with chronic right shoulder pain, left shoulder pain and inadequately controlled with medication. Per 02/26/15 report, physical examination to the cervical spine revealed tenderness to palpation. There is decreased range of motion especially on extension, -30 degrees. Prior treatments have included cervical MRI in 2011, 5 right shoulder surgeries, trigger point injection therapy, subdeltoid bursa injections, left shoulder MRI, physical therapy left shoulder, home exercise program and medications. The 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, "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)." Treater has not provided a reason for requesting the repeat MRI. Reports provided document a cervical MRI the patient received in 2011. There are no red flags, new injury, progressive neurologic deficits or significant change in clinical scenario to warrant another MRI. The patient is not post-op either. Routine update of MRI's are not supported per guidelines. The request is not medically necessary.