

Case Number:	CM15-0083093		
Date Assigned:	05/05/2015	Date of Injury:	02/28/2014
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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:

The injured worker is 46 year old female, who sustained an industrial injury on February 8, 2014 while working as a warehouse worker. The injured worker was sorting clothing at a fast pace and developed sharp right shoulder pain. The documentation notes that the injured worker continued to work and developed an injury to the left shoulder in April of 2014. The injured worker has been treated for bilateral shoulder complaints. The diagnoses have included bilateral shoulder sprain/strain, left shoulder impingement syndrome, left shoulder subacromial bursitis, left shoulder bicipital tendinitis, left shoulder superior labrum, anterior to posterior tear, left shoulder supraspinatus rim partial tendon tear and cervical radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, function capacity program and a left shoulder arthroscopy. Current documentation dated March 10, 2015 notes that the injured worker was status post left shoulder arthroscopy with significant improvement. The injured worker also reported cervical spine pain. Objective findings of the cervical spine revealed tenderness to palpation over the paraspinal musculature. Range of motion was normal and special orthopedic testing was negative. Bilateral upper extremity examination revealed a diminished sensation over the bilateral cervical six dermatome. A Neer's sign was positive over the right shoulder. The treating physician's plan of care included a request for an MRI of the cervical spine. The patient's surgical history include left shoulder arthroscopy on 2/23/15. Patient has received an unspecified number of PT visits for this injury. The medication list includes Atenolol and Ibuprofen. The patient has had MRI of the cervical spine on 5/5/2015 that revealed disc protrusion and foraminal narrowing. Per the doctor's note dated 4/7/15 physical examination

of the cervical spine revealed tenderness on palpation, limited range of motion, negative Hoffman and Romberg sign.

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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Indications for MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: MRI of the cervical spine-Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out."Per the ACOEM chapter 8 guidelines cited below 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."Patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of PT visits for this injury Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for MRI of the cervical spine is not fully established for this patient.