

Case Number:	CM14-0079257		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	10/01/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 26 year old male who reported an injury on 11/12/2013 from twisting and pulling. The injured worker was diagnosed with possible right shoulder subacromial bursitis and right C5-C6 radiculopathy. The injured worker was treated with injections to the right shoulder and therapy. The injured worker had an official MRI of right shoulder on 02/24/2014 and an EMG/NCS on 03/05/2014 of the cervical spine. The injured worker had a right shoulder gadolinium joint injection on 02/24/2014. On the progress report dated 04/21/2014 the injured worker had pain in the right shoulder when slept on and popping. The progress report dated 05/29/2014 was handwritten, contained uncommon abbreviations, and was largely illegible. It appeared to show the injured worker complained of right shoulder pain. The injured worker's medications were not indicated in the medical records. The treatment plan was for an MRI of the cervical spine C5-6. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Official Disability Guidelines: Neck Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the cervical spine C5-6 is not medically necessary. The injured worker is diagnosed with possible right shoulder subacromial bursitis, right C5-C6 radiculopathy. The injured worker complained of right shoulder pain. The California MTUS/ACOEM guidelines recommend MRI when there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation regarding the emergence of a red flag, physiologic evidence of neurologic dysfunction, failure to progress in a strengthening program, or the intent to undergo an invasive procedure. As such, the request for MRI of the cervical spine is not medically necessary.