MAXIMUS Federal Services

Case Number:	CM14-0218327		
Date Assigned:	01/08/2015	Date of Injury:	01/24/1996
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male with a date of injury of 1/24/96. The injured worker reported headaches and pain in the left should and neck after a dolly fell on his neck and left shoulder. Diagnostic studies included x-rays revealing a muscle spasms and a magnetic resonance imaging performed 11/26/14 revealing mild tendinopathy of the supraspinatus tendon of the left shoulder with hypertrophic changes of the left acromioclavicular joint and small left shoulder joint effusion. Computed tomography dated 11/26/14 revealed mild hypertrophic changes of the left acromioclavicular joint, slight osteophytic spurring, subchondral cyst within the posterior aspect of glenoid. The injured worker was diagnosed with cervical myalgia with cervical radiculitis. Prior surgeries included an anterior cervical discectomy and fusion of the C5-C7 in 1992. According to the provided documentation, treatments included 6 sessions of physical therapy, nonsteroidal anti-inflammatory drugs, opioids, and epidural steroid injections. Work status as of 11/4/14 was "no heavy lifting over 25 pounds, no stooping, bending, kneeling and squatting". Request For Authorization dated 12/3/14 notes the injured worker declined tripper point injections, provider documentation noted the injured worker was with "neck pain which radiates to his left upper extremity...rates his pain today from 0-10 as 7 in intensity, aggravated by any type of bending, twisting or turning." On 12/29/14, Utilization Review non-certified computed tomography cervical spine and magnetic resonance imaging cervical spine noting The California Medical Treatment Utilization Schedule (MTUS), American Colle of Occupational and Environmental Medicine (ACOEM) guidelines, second edition, Acupuncture Treatment

Guidelines, Chronic Pain Medical Treatment Guidelines, Post-Surgical Treatment Guidelines and ACOEM's Elbow Disorders (Revised 2007).

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM criteria for ordering an CT for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical or lumbar spine is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical or lumbar spine is not medically necessary.