

Case Number:	CM15-0012132		
Date Assigned:	01/29/2015	Date of Injury:	08/04/2008
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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: District of Columbia, Virginia
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:

The injured worker is a 50 year old male, who sustained an industrial injury on 08/04/2008. The diagnoses have included bilateral shoulder impingement, cervical radiculopathy, and status post right distal radius fracture. Noted treatments have included medications. Diagnostics to date have included MRI of the left shoulder dated 03/28/2012 which showed bright signal of the supraspinatus tendon, 2cm proximal to the insertion site, which may represent intrasubstance tear or tendinosis, horizontal tear of the superior glenoid labrum, and spur formation of the acromioclavicular joint impinging on the supraspinatus muscle tendon junction near the rotator cuff. MRI of the cervical spine on 03/28/2012 showed disc desiccation throughout the cervical spine, restricted range of motion in flexion and extension positions, annular tear noted at C4-5 and C5-6 levels, and diffuse disc protrusion effacing the thecal sac. MRI of the right shoulder on 03/28/2012 showed subchondral cyst formation of the lateral aspect of the humeral head near the greater tuberosity measuring 4mm in diameter and fluid collection in the subcoracoid recess compatible with subcoracoid bursitis. In a progress note dated 11/04/2014, the injured worker presented with complaints of right wrist, right shoulder, and neck pain. The treating physician reported examination of the cervical spine revealed spasms, pain, and decreased range of motion with facet tenderness, decreased sensation on the right at C6-7, and tenderness to palpation over the cervicotrapezial ridge. Utilization Review determination on 12/22/2014 non-certified the request for MRI Cervical Spine citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page(s) 166-174. Decision based on Non-MTUS Citation neck and upper back

Decision rationale: Per MTUS guidelines, conservative therapy is the mainstay of treatment and this is done for 3 months prior to further imaging. If symptoms do not resolve than, further workup is pursued. Per ODG, MRI indications for neck pain are: Chronic neck pain, after 3 months of conservative treatment, radiographs normal, neurologic signs or symptoms present, neck pain with radiculopathy if sever or progressive neurologic deficit, Chronic neck pain, radiographs showe spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, Chronic neck pain, radiographs show bone or disc margin destruction, suspected cervical spine trauma, neck pain, clinical finds suggest ligamentous injury or sprain, radiographs and/or CT is normal, known cervical spine trauma or equivocal or positive plain films with neurologic deficit, upper back/thoracic spine trauma with neurologic deficit. Per guidelines cited and from the review of the clinical documentation provided there is no indication for MRI at this time. This patient had no neurologic deficits nor any change in the clinical picture which would warrant additional MR imaging at this time.