

Case Number:	CM15-0110296		
Date Assigned:	06/16/2015	Date of Injury:	04/11/2004
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
 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 (IW) is a 42-year-old female who sustained an industrial injury on 04/11/2004. She reported right shoulder, right arm, and lower back pain. The injured worker was diagnosed as having chronic right shoulder, neck and lower back pain. Treatment to date has included shoulder surgeries (her most recent in January 2015), medications, physical therapy, a home exercise program, and aqua therapy. Currently, (05/15/2015) the injured worker complains of neck pain described as stabbing and throbbing traveling down her right shoulder with pins and needles to her right fingers, numbness in her left wrist and stabbing and throbbing in her low back with pins and needles feeling over the left buttock. She rates her pain level as a 4/10 with medications and 6-7/10 without. She reports that the medication maintenance regimen, activity restriction and rest keep her pain within a manageable level, and later states that the pain and disability related to her shoulder and neck problems especially, are "interfering severely with her family relationships, work, concentration, mood sleep patterns and overall functioning." On examination, there is severe tenderness and spasm in the cervical region. Her right upper bicep is tender around a scar from recent closure of a lesion, and she has continued hypoesthesia of the right hand. Her lumbar area has a negative straight leg raise, flexion and extension are within normal limits and lateral bending was not restricted. She complains of left sacroiliac joint pain with palpation. Her current medications include Oxycontin, clonazepam, Motrin, Lidoderm patch, Phenergan, Ambien, and diclofenac topical. The treatment plan includes conservative measures of exercise with the use of heat, ice, rest, medication maintenance with her prescribed medication for chronic pain, and follow up in one month. A request for authorization was made for: One cervical MRI without contrast; Oxycontin 10mg #60; and one follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and Upper Back (Acute & Chronic): Magnetic resonance imaging (updated 05/12/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one cervical MRI without contrast is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's relevant working diagnoses are degeneration cervical inter- vertebral disc; painting joint involving shoulder region; chronic pain syndrome; spasm of muscle; myalgia and myositis unspecified; patient hospitalized for sepsis late February, infection originated right shoulder. The injured worker had an MRI cervical spine September 7, 2011. The MRI showed mild degenerative changes with small disc bulges. There had been no significant changes in symptoms and/or objective findings. The injured worker has radicular pain involving the right arm since 2012. A May 14, 2015 progress note (request for authorization dated May 15, 2015 states the injured worker had a shoulder surgery. The last shoulder surgery was January 29, 2015. Objectively, there is tenderness to help patient and spasm at the cervical spine. There is continued hypoesthesia on the right-hand. There are no other neurologic abnormalities documented. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. There is no documentation indicating a significant change in symptoms and/or objective

findings suggestive of significant pathology. There are no red flags documented in the record. Consequently, absent clinical documentation with a significant change in symptoms and/or objective findings, red flags, with a prior MRI with insignificant radiographic findings, one cervical MRI without contrast is not medically necessary.