

Case Number:	CM15-0114596		
Date Assigned:	06/22/2015	Date of Injury:	11/11/2008
Decision Date:	07/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63 year old male sustained an industrial injury to the right shoulder on 11/11/08. Magnetic resonance imaging cervical spine (10/20/11) showed degenerative disc disease with spinal canal stenosis. Previous treatment included right shoulder rotator cuff repair (1/14/09), right shoulder superior labral anterior posterior repair (4/26/12), physical therapy, injections, sling, trans-cutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 5/13/15, the injured worker complained of continuing neck symptoms with tingling to the right side of the face and numbness and tingling to the dorsal radial forearm as well as pain to bilateral shoulders. Physical exam was remarkable for decreased range of motion to both shoulder, neck with 50% of normal motion and weakness to the left thumb extension. Current diagnoses included rotator cuff syndrome and osteoarthritis of the shoulder. The physician noted that the injured worker had a history of C5-6 degenerative disc disease and felt that this might be the cause of the injured worker's residual shoulder symptoms with probable C6 radiculopathy. The treatment plan included magnetic resonance imaging cervical spine.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

Decision rationale: MRI of the cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients 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. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation indicates that the patient has had a prior history of cervical stenosis with past imaging. It is unclear what conservative treatment the patient has had recently for the cervical spine and the documentation does not reveal any red flag findings. At this point the request for a cervical MRI is not medically necessary.