

Case Number:	CM15-0125370		
Date Assigned:	07/09/2015	Date of Injury:	11/27/2007
Decision Date:	08/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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 is a 31 year old female, who sustained an industrial injury on November 27, 2007. The injured worker reported waking up in the hospital where she was notified that she suffered a mild seizure that caused her to fall off of a wall she was sitting on losing consciousness. The injured worker was diagnosed as having cervical spine sprain and strain, cervical facet syndrome, and right shoulder pain. Treatment and diagnostic studies to date has included trigger point injections to the right shoulder, physical therapy, and medication regimen. In a progress note dated May 05, 2015 the treating physician reports complaints of pain to the arms, legs, back, and neck that radiates to the right shoulder to the upper chest. The treating physician also noted a "clunk" sound and shoulder pain with neck movements, neck stiffness, dizziness, an unsteady gait, along with tingling, swelling, grinding, locking, and a giving out sensation to the right shoulder. Examination reveals decreased range of motion to the right shoulder with pain, tenderness to the right acromioclavicular joint and to the rotator cuff, decreased cervical range of motion with pain, tenderness to the cervical spinous process from cervical five through seven, tenderness to the trapezius, sternocleidomastoid, paracervical, interscapular, and levator scapula muscles on the right side, spasms to the right sternocleidomastoid and the right paracervical muscles, and decreased cervical lordosis. The injured worker's current pain level was rated an 8 to 9 on a scale of 0 to 10. The treating physician requested magnetic resonance imaging of the cervical spine and of the right shoulder, but the documentation provided did not indicate the specific reasons for the requested studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical MRI: Upheld

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

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, MRI cervical spine 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 workers working diagnoses are cervical spine sprain strain any: cervical facet syndrome; and right shoulder pain. Date of injury is November 27, 2007. Request for authorization is dated May 26, 2015. According to a May 5, 2015 progress note you did workers subject of complaints are neck pain with a clunking sound. Symptoms radiate to the right shoulder tingling and weakness. The injured worker received physical therapy and trigger point injections and medications minimal benefit. Objectively, the cervical spine is tentative palpation with decreased range of motion. There is no neurologic evaluation of the neck and upper extremities. Shoulder examination was tender to palpation at the acromioclavicular joint. There was no neurologic evaluation or neurologic deficit noted. The utilization review indicates a prior MRI of the right shoulder was performed. There was no hard copy of MRI in the medical record. There were no unequivocal objective neurologic findings involving the upper extremities and/or neck. There were no red flags documented in the medical record. Consequently, absent clinical documentation with unequivocal objective neurologic findings and red flags, MRI cervical spine is not medically necessary.

Right Shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured workers working diagnoses are cervical spine sprain strain any: cervical facet syndrome; and right shoulder pain. Date of injury is November 27, 2007. Request for authorization is dated May 26, 2015. According to a May 5, 2015 progress note you did workers subject of complaints are neck pain with a clunking sound. Symptoms radiate to the right shoulder tingling and weakness. The injured worker received physical therapy and trigger point injections and medications minimal benefit. Objectively, the cervical spine is tentative palpation with decreased range of motion. There is no neurologic evaluation of the neck and upper extremities. Shoulder examination was tender to palpation at the acromioclavicular joint. There was no neurologic evaluation or neurologic deficit noted. The utilization review indicates a prior MRI of the right shoulder was performed. There was no hard copy of MRI in the medical record. There were no red flags involving the right shoulder documented in the medical record. Utilization review suggests a prior MRI of the right shoulder was performed. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. The documentation does not suggest a significant change in symptoms and/or objective findings suggestive of significant pathology. Additional information regarding the prior MRI of the right shoulder should be obtained. Consequently, absent clinical documentation suggested a significant change in symptoms and/or objective findings and a prior MRI of the right shoulder (according to the utilization review), MRI right shoulder is not medically necessary.