

Case Number:	CM15-0178687		
Date Assigned:	09/18/2015	Date of Injury:	11/10/1999
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male who sustained an industrial injury on 11-10-1999. A review of medical records indicates the injured worker is being treated for status post right shoulder arthroscopy, subacromial decompression coracoacromial release, acromioplasty, bursectomy, and bursoscopy labral debridement, left shoulder impingement syndrome with acromioclavicular joint arthrosis, right carpal tunnel syndrome, residuals effects of left carpal tunnel syndrome status post carpal tunnel release and partial tenosynovectomy, status post removal of lumbar spine hardware, status post L4-S1 360 arthrodesis, status post right knee arthroscopy with partial meniscectomy and plica excision, left second toe arthrosis, De Quervain's, and status post right knee arthroscopic surgery. Medical records dated 8-5-2015 noted ongoing pain in the neck, mid-back, low-back, and upper extremities. He is having difficulty with activity and function. Physical examination noted decreased range of motion to the cervical spine. There was tenderness to the cervical spine and anterior neck. There was tenderness to the lumbar spine with reduced range of motion. Treatment has included surgery, medications and physical therapy. Utilization review form dated 8-19-2015 non-certified 1 cervical MRI without and with dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical MRI with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging. Key case observations are as follows. The claimant was injured in 1999 status post a right shoulder arthroscopy, subacromial decompression coracoacromial release, acromioplasty, bursectomy, and bursoscopy labral debridement, left shoulder impingement syndrome with acromioclavicular joint arthrosis, right carpal tunnel syndrome, residuals effects of left carpal tunnel syndrome status post carpal tunnel release and partial tenosynovectomy, status post removal of lumbar spine hardware, status post L4-S1 360 arthrodesis, status post right knee arthroscopy with partial meniscectomy and plica excision, left second toe arthrosis, De Quervain's, and status post right knee arthroscopic surgery. There is pain in the neck, mid-back, low-back, and upper extremities. Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guides state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is not medically necessary.