

Case Number:	CM15-0061027		
Date Assigned:	04/07/2015	Date of Injury:	06/11/2014
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old female, who sustained an industrial injury on 6/11/2014, while employed as a medical assistant. She reported a pulling from her elbow through her neck, when helping a co-worker lift a patient. The injured worker was diagnosed as having cervical strain/sprain, other specified sites of sprains and strains, and reflex sympathetic dystrophy of the upper limb. Treatment to date has included MRI of the cervical spine, electromyogram and nerve conduction studies, and a doppler, all of which were documented as normal. She has had physical therapy, acupuncture, and a shoulder injection. She has had a bad reaction to medications, including Elavil, Prednisone, Ibuprofen, and Flexaril. Currently (3/18/2015), the injured worker complains of intermittent right forearm and hand pain, worsened by lifting or gripping with the arm and relieved by nothing, intermittent right elbow pain, worsened by prolonged sitting, standing and walking, as well as bending, twisting, and lifting, and constant right sided neck pain, worsened by bending, twisting, lifting, and sneezing. Symptoms were accompanied by a numb-like sensation of the right arm and hand, as well as weakness of the right arm and hand, and sensitivity of the right hand. She also had urinary urgency and post void incontinence. She reported symptoms in all four of the symptomatic categories of the Harden criteria. She was referred for a cervical sympathetic block. A progress report, dated 12/11/2014, noted a recommendation for MRI of the neck and shoulder, if she has not had one, due to the fact that she was reluctant to move, had a low pain tolerance, had a great deal of pain, with symptoms present for half a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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 Neck and Upper Back chapter, MRI.

Decision rationale: This patient has a date of injury of 06/11/14 and presents with right-sided neck pain and upper extremity pain. The current request is for 1 MRI OF THE CERVICAL SPINE WITHOUT CONTRAST. ACOEM Guidelines chapter 8, page 177 and 178, 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." ODG-TWC Neck and Upper Back section, under MRI states "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 patient sustained injuries to the neck and upper extremities on June of 2014. Examination findings from 03/18/15 revealed constant, dull, achy, burning pain in the right side of the neck and numbness in the right hand and hands with weakness. Examination of the right shoulder revealed guarding and pain at end range of flexion, abduction, internal rotation and external rotation. The treating physician states that the patient has undergone MRI of the cervical spine, EMG/NCV and a Doppler study "all of which were normal." The patient treatment history includes PT, acupuncture, shoulder injection, and medications. According to the treating physician, this patient has had a MRI of the cervical spine, which was normal. The MRI report was not provided for my review. In this case, there is no reported change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with MTUS/ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. The request for repeat cervical MRI IS NOT medically necessary.

1 MRI of the right shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, MRI.

Decision rationale: This patient has a date of injury of 06/11/14 and presents with upper extremity and right-sided neck pain. The current request is for 1 MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST. ACOEM Guidelines has the following regarding

shoulder MRI on pages 207 and 208, "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." The ODG Guidelines under the shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. The patient sustained injuries to the neck and upper extremities on June of 2014. Examination findings of the right shoulder revealed guarding and pain at end range of flexion, abduction, internal rotation and external rotation. The patient reported limited use of the right upper extremity. There is no indication of prior imaging of the right shoulder. In this case, given the examination findings and lack of improvement despite conservative care, a MRI for further investigation is in accordance with MTUS and ODG guidelines. This request IS medically necessary.