

Case Number:	CM15-0075100		
Date Assigned:	04/24/2015	Date of Injury:	07/26/2013
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 57 year old with an industrial injury dated 07/26/2013. His diagnosis is cervical foraminal stenosis bilaterally at cervical 4-5 and cervical 5-6 with cervical radiculitis. Prior treatments included cervical epidural, light home exercise program and medications. He presents on 03/27/2015 with complaints of neck pain and some shoulder pain. Physical exam showed straight and upright posture. There was diffuse tenderness throughout the cervical spine with mild restriction of cervical range of motion. The provider documents the injured worker needs a new cervical MRI as the last MRI is over 1 year old and symptoms seem to be slightly more severe. Treatment plan included MRI of the cervical spine and MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical spine without contrast: 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine 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 non-steroidal anti-inflammatory and omeprazole and 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 working diagnosis is cervical foraminal stenosis bilaterally as C4 - C5 and C5-C6 with cervical radiculitis. The most recent progress note in the medical record, subjectively, states the injured worker has neck pain with stiffness that radiates to the shoulder. There are no specific shoulder complaints documented in the record. Objectively, there is tenderness to palpation with decreased range of motion around the cervical spine paraspinal muscle groups. There are no motor deficits and no sensory deficits on physical examination. There is no shoulder examination. The injured worker had an MRI cervical spine about one year ago and, according to the treating provider, the injured worker has slightly more pain with radiation to the shoulder. 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). There is no documentation of a significant change in symptoms and or objective findings suggestive of significant pathology. Additionally, there are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Consequently, absent clinical documentation with specific nerve compromise on neurologic evaluation, an MRI of the cervical spine approximately 12 to 14 months prior and no significant change in symptoms and or objective findings, MRI cervical spine without contrast is not medically necessary.

MRI right shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder without contrast 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 worker's working diagnosis is cervical foraminal stenosis bilaterally as C4 - C5 and C5 -C6 with cervical radiculitis. The most recent progress note in the medical record, subjectively, states the injured worker has neck pain with stiffness that radiates to the shoulder. There are no specific shoulder complaints documented in the record. Objectively, there is tenderness to palpation with decreased range of motion around the cervical spine paraspinal muscle groups. There are no motor deficits and no sensory deficits on physical examination. There is no shoulder examination. There is no documentation of acute shoulder trauma. There are no plain radiographs of the shoulder in the medical record. There is no documentation in the record that the treating provider suspects instability for labral tear. Consequently, absent clinical documentation suggestive of rotator cuff/impingement and instability/labral tear, evidence of plain radiographs performed or objective evidence of the shoulder examination, MRI shoulder without contrast is not medically necessary.