

Case Number:	CM15-0077281		
Date Assigned:	04/28/2015	Date of Injury:	04/23/1997
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 74 year old male with an industrial injury dated 04/23/1997. His diagnoses included derangement of joint (not otherwise specified) of shoulder, post-surgical status, derangement of joint (not otherwise specified) of pelvic region and thigh and recurrent dislocation of shoulder. Prior treatments included psychotherapy, massage therapy, ear, nose and throat consult and medications. He presents on 03/09/2015 with continued pain and numbness and tingling in his right hand. Physical examination of bilateral shoulders revealed restricted range of motion with positive impingement sign bilaterally. Range of motion was restricted in bilateral hips. Treatment plan included to continue with medications, referral to a shoulder specialist, referral to a hand surgeon and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. MRI magnetic resonance imaging of the cervical spine was requested 3/17/15. The primary treating physician's progress report dated March 9, 2015 documented that the patient continues to have pain and numbness and tingling in his right hand, specifically in his 3rd, 4th and 5th digits of the right hand. EMG/NCV indicated mild to moderate bilateral carpal tunnel syndrome. He is awaiting a referral to a shoulder specialist. Date of injury was 04-23-1997. Bilateral shoulders range of motion was restricted in flexion/abduction plane bilaterally. Positive impingement sign bilaterally was noted. Well-healed scars about both hips. Hip range of motion restricted in flexion bilaterally. Right hip had well-healed longitudinal scar over the right aspect of the hip. Range of motion is limited in all directions. Pressure over the area produces pain. Right elbow Tinel's sign is positive at the right elbow. Sensation is reduced in the right ulnar nerve distribution. There was no documentation of cervical spine injury. No cervical spine diagnosis was documented. No physical examination of the cervical spine was documented. Without a documented cervical spine physical examination, the request for a cervical spine MRI is not supported. Therefore, the request for cervical spine MRI is not medically necessary.