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| Case Number: | CM15-0078310 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 04/26/2013 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: Colorado

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 4/26/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having impingement syndrome and biceps tendinitis of the right shoulder, status post decompression, biceps tendinosis and stabilization, impingement syndrome of the left shoulder and labral tendinitis (for which surgery is being requested, status post injection), lateral epicondylitis, ulnar neuritis, discogenic cervical condition with radicular components, and brachial plexus inflammation bilaterally, with tenderness along the scalene musculature area. Treatment to date has included diagnostics, surgery to bilateral shoulders (left shoulder 10/27/2014), physical therapy, trigger point injections, and medications. On 2/26/2015, the injured worker complains of left sided neck pain and numbness. She was doing physical therapy for the shoulders, which was helpful, but had ended. She also had unspecified tremors. Current medications included Norco, Neurontin, Flexeril, and Protonix. She requested trigger point injections due to severe neck pain. She had tenderness across the cervical paraspinal muscles, left greater than right, and multiple trigger points at the insertion of the trapezius. Cervical flexion was 40 degrees, extension 30 degrees, lateral tilting to left 20 degrees, and to the right 50 degrees. The treatment plan included magnetic resonance imaging of the cervical spine to evaluate for level and extent of disc herniation. She was currently not working. Prior imaging reports were not specified or submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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): 4-5.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM Guidelines were consulted. MRI is recommended [Recommended, Evidence (C)] for patients with: Acute cervical pain with progressive neurologic deficit; Significant trauma with no improvement in significantly painful or debilitating symptoms; A history of neoplasia (cancer), Multiple neurological abnormalities that span more than one neurological root level; Previous neck surgery with increasing neurologic symptoms; Fever with severe cervical pain; Symptoms or signs of myelopathy; or Subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom dermatomal and myotomal symptoms are not trending towards improvement if either injection is being considered or both the patient and surgeon are considering early surgical treatment if supportive findings on MRI are found. MRI is not recommended for non-specific neck pain. MRI is not recommended for acute radiculopathy, unless patient has progressive neurological symptoms or severe impairment, and injections or early surgical intervention are being considered. For the patient of concern, the records do not clearly establish that patient has neurological deficits on exam, only complaints that could be radicular on history. The records indicate patient has disc disease, but no imaging results are included that suggest that. No documentation is supplied that indicates a procedure on the neck (injections or other) is being considered. Based on the Guidelines and lack of evidence that patient has neurological abnormalities that require further imaging to define/treat, the MRI of Cervical Spine is not medically necessary.