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| Case Number: | CM14-0161646 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/25/2013 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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: New York, California

Certification(s)/Specialty: Emergency 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 79 year old female, who sustained an industrial injury on 10-25-2013. Medical records indicate the worker is undergoing treatment for rule out right elbow epicondylitis, rule out right shoulder rotator cuff syndrome and rule out cervical spine disc syndrome with sprain-strain disorder and radiculitis. A recent progress report dated 8-21-2014, reported the injured worker complained of difficulty with activities of daily living due to pain in the right elbow, right shoulder and right base of the neck and disturbed sleep. Pain was rated 5-6 out of 10. Physical examination revealed decreased upper extremity coordination due to pain. Range of motion of the cervical spine was reduced to forward flexion and extension of 40 degrees and right and left lateral flexion of 30 degrees, reduced range of motion of the elbow to forward flexion of 110 degrees and supination-pronation 60 degrees and positive drop test of the right shoulder. Treatment to date has included physical therapy and medication management. On 9-10-2014, the Request for Authorization requested cervical spine magnetic resonance imaging, right elbow magnetic resonance imaging, Bone scan-3 phase, cervical spine, right upper limb, vascular and Bone SPECT scan, cervical spine, right upper limb, vascular. On 9-17-2014, the Utilization Review noncertified a request for cervical spine magnetic resonance imaging, right elbow magnetic resonance imaging, Bone scan-3 phase, cervical spine, right upper limb, vascular and Bone SPECT scan, cervical spine, right upper limb, vascular.

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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Magnetic Resonance Imaging.

Decision rationale: CA MTUS ACOEM guidelines recommend imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." According to ODG, MRI studies are not recommended except in specific indications. Immediate indications include: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, neck pain with radiculopathy if severe or progressive neurologic deficit, chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, chronic neck pain, radiographs show bone or disc margin destruction, suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal", known cervical spine trauma: equivocal or positive plain films with neurological deficit, and upper back/thoracic spine trauma with neurological deficit. The IW does not meet these criteria. There is indication the IW has had plain film radiographs, but the results are not available for review. The IW's subjective reports and objective findings are documented to be unchanged. Without supporting documentation or guidelines, the request for a cervical MRI is determined not medically necessary.

MRI, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: MRI.

Decision rationale: According to the above referenced ODG guidelines, "magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Indications for imaging; Magnetic resonance imaging (MRI): chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films non-diagnostic; chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films – non-diagnostic; chronic elbow pain, suspect unstable osteochondral injury; plain films non-diagnostic; chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic; chronic elbow pain, suspect chronic epicondylitis; plain films non-diagnostic; chronic elbow pain, suspect collateral ligament tear; plain films non-diagnostic; elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The

provider requesting this study states the MRI is indicated to "rule out right epicondylitis." According to the above reference, MR is clinical diagnosis and rarely requires MR testing. It is not clear why this provider is requesting an MRI to aid in this diagnosis. The documentation does not suggest and new injury. The documentation does not provide a supported diagnosis or clinical concern to support the medical necessity of an MRI of the elbow.

Bone scan 3 phase, cervical spine, right upper limb, vascular: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back: bone scan.

Decision rationale: According to the above referenced guideline, bone scans are "Not recommended except as an option in follow-up evaluation of osseous metastases. This recommendation is based on evidence more current than the 1994 AHCPR Guideline, which had recommended this procedure for neck pain with no improvement after one month. Radionuclide bone scanning should not be the initial procedure of choice for patients with chronic neck pain, regardless of the etiology, including trauma, arthritis, or neoplasm." There is nothing in the documentation to support diagnoses of a neoplastic process or metastatic disease. Previous imaging studies of the cervical spine and shoulder do not reveal concerning bone lesion. Without the support of documentation, the request for a 3-phase bone scan is determined not medically necessary.

Bone spect, cervical spine, right upper limb, vascular: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and cervical spine; bone scan.

Decision rationale: The above reference guidelines states "Whole-body bone scan remains a useful screening tool in osseous metastatic disease, with an overall sensitivity comparable to that of FDG-PET/CT. In cases where there is abnormal radiotracer uptake in the spine, SPECT/CT can be used to better distinguish metastases from degenerative changes, thus increasing specificity." There are not other indications for SPECT scans discussed in the guidelines. The IW does not have any documented neoplastic processes or concerning findings on previous imaging. The request provider does not discuss indications or clinical concerns to support SPECT study. Without the support of the documentation or indications supported by the guidelines, the request for a bond spect of the cervical spine and right upper limb is determined not medically necessary.