

Case Number:	CM13-0009145		
Date Assigned:	11/01/2013	Date of Injury:	10/14/2006
Decision Date:	01/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of October 14, 2006. A utilization review determination dated July 22, 2013 recommends noncertification of MRI of the cervical spine. Recommendation for non-certification was due to lack of documentation of failed conservative treatment and non-diagnostic x-rays. A progress report dated August 13, 2012 identifies a treatment plan including, "additional course of acupuncture x2/6." A progress report dated June 12, 2013 identifies subjective complaints stating, "pain in the lumbar spine and in her right shoulder and 5 out of 10 on the subjective pain scale in the lumbar spine. She states it is tingling, burning constantly, radiates down the right leg all the way to the bottom of her foot. She states that if she sits in a car for any length of time, her right leg goes completely numb. In the right shoulder, it is also 5 out of 10 on the subjective pain scale. She states that the shoulder is weak, numb, at times it will be sharp sensation and when it is sharp sensation it will radiate all the way down into the wrist. The patient also continues to complain of neck pain." Physical examination identifies, "she is sitting with her head thrust forward, slightly trying to balance her head in a way that does not hurt her neck. The patient has about 50% of full motion in the neck; chin to chest, chin to ceiling, chin to right shoulder, and chin to left shoulder." The note goes on to identify reduced range of motion with right shoulder testing and lumbar spine testing. Impression states, "pain complaints are unresolved. Physical exam is unchanged." Diagnoses include right shoulder impingement syndrome, c5-c6 disc bulge, lumbar spine sprains/strains of chronic nature, lumbar spine radiculopathy, articular cartilage disorder of right shoulder. Treatment plan states, "requesting authorization for updated Magnetic Resonance Imaging of the lumbar spine, right shoulder, and cervical spine. The patient's pain complaints have increased." Th

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical Magnetic Resonance Imaging, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend Magnetic Resonance Imaging after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation failure of conservative treatment for at least 3 months. In fact, it appears that the patient complaints have improved with conservative treatment. Additionally, the current request recommends quote "updated Magnetic Resonance Imaging." This would imply that a previous Magnetic Resonance Imaging has been performed. Guidelines do not recommend repeat imaging with the same modality of the same body part unless there is identification of a new injury which would itself necessitate imaging, or if there is an exacerbation of an injury marked by new objective examination findings. The documentation provided does not indicate when the patient's most recent Magnetic Resonance Imaging was performed, and does not identify what changed in subjective complaints and objective findings have occurred since that time. In the absence of such documentation the requested cervical Magnetic Resonance Imaging is not medically necessary.