

Case Number:	CM13-0025722		
Date Assigned:	11/20/2013	Date of Injury:	03/05/2009
Decision Date:	02/12/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic upper back and shoulder pain distress reportedly associated with an industrial injury of March 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; cervical MRI imaging of May 13, 2010, notable for multilevel spondylosis and moderate bilateral foraminal stenosis at C5-C6 and C6-C7; shoulder MRI imaging of May 20, 2010, owing to low-grade partial thickness tearing of the supraspinatus tendon with associated tendinosis; multiple shoulder corticosteroid injections; prior right shoulder arthroscopy in late 2010; and extensive periods of time off of work, on total temporary disability. The applicant's case and care have apparently been complicated by smoking, diabetes, and hypertension, it is incidentally noted. In a utilization review report of September 13, 2013, the claims administrator denied a request for a cervical MRI while approving a request for MR arthrography of the shoulder. The applicant's attorney subsequently appealed. It is incidentally noted that the claims administrator cited non-MTUS ODG Guidelines although the MTUS, through ACOEM, does in fact address the topic of cervical MRI imaging. In an August 20, 2013 progress note, the applicant reported mild, frequent burning pain about the neck with frequent radiation to the upper back and shoulders. Numbness and tingling were appreciated about the digits. There was diminution of grip strength about the right hand, scored at 16 pounds versus 28 pounds about the right hand. Decreased sensorium was appreciated in the C6-C7 dermatomes bilaterally. MRI imaging of the cervical spine was sought as it appears that the applicant is having significant radicular complaints. Repeat cervical MRI scanning was endorsed. The applicant is apparently given limitations which resulted in her remov

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Magnetic resonance imaging (MRI): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 8 table 8-8, MRI imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant has apparently consulted an orthopedic spine surgeon. She is seemingly contemplating an invasive procedure. She does have persistent complaints of neck pain radiating into the arms with weakness appreciated about the right hand on grip strength testing and altered sensorium noted above both upper extremities. Obtaining a cervical MRI to clearly validate the diagnosis of suspected nerve root compromise is indicated and appropriate in this context, as suggested by ACOEM. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.