

Case Number:	CM13-0036589		
Date Assigned:	07/07/2014	Date of Injury:	05/04/2009
Decision Date:	08/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/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 claimant is a 62-year-old female status post work injury with a date of injury of 05/04/09 while working as a Post Closing Specialist performing repetitive filing, typing, and data entry she developed pain, numbness, and tingling of both hands radiating up her arms. Her claim was filed approximately 6 months after symptom onset. Treatments have included physical therapy, a left shoulder injection, and medications. Testing has included MRI scans of both shoulders and upper extremity EMG/NCS testing. She was seen on 09/13/13 with right shoulder pain radiating to the right arm and shoulder weakness. She was having finger numbness and cramping. She was having left shoulder pain with radiation to the neck and numbness of the left thumb. Physical examination findings included paraspinal and interscapular muscle tenderness without spasm and right upper trapezius muscle tenderness with spasm. There was decreased and painful cervical spine range of motion. Bilateral thumb sensation was decreased. Phalen's testing was positive bilaterally. There was decreased shoulder range of motion and decreased right hand muscle strength. There was right shoulder tenderness with positive impingement testing. Reflexes were normal. An x-ray of the cervical spine showed multilevel decreased disc spaces. Shoulder x-rays were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the C-spine: Upheld

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

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 (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is more than seven years status post work-related injury as described above and continues to be treated for chronic upper extremity, shoulder, and neck pain. Indications for obtaining an MRI would include radiculopathy and severe or progressive neurologic deficit, a history of or suspected cervical spine trauma with neurological deficit, x-ray findings of bone or disc margin destruction, and, in patients with chronic neck pain, when radiographs show spondylosis and neurologic signs or symptoms are present. In this case, there is no history of significant trauma or recent injury and recent cervical spine x-rays show findings consistent with the claimant's age. Prior testing has included EMG/NCS testing of the upper extremities, which has not been reviewed. The claimant has physical examination findings consistent with peripheral nerve entrapment (e.g. carpal or cubital tunnel syndrome) and there are no reported neural tension signs or reflex abnormalities. Medical necessity for the requested MRI of the cervical spine is therefore not established. Therefore, the request is not medically necessary.