

Case Number:	CM13-0040851		
Date Assigned:	12/20/2013	Date of Injury:	11/07/2007
Decision Date:	05/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/29/2013

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 and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported an injury on 11/07/2007. The mechanism of injury was not provided for review. The injured worker's treatment history included surgical intervention for the right shoulder, ongoing treatment of the cervical spine with medications, epidural steroid injections, a functional restoration program, and cognitive behavioral therapy. Injured worker underwent an MRI of the cervical spine in 12/2011 that documented narrowing of the neural foramina at the C5-6 and mild stenosis at the C6-7 with a 3 mm disc bulge. Injured worker was evaluated on 09/11/2013. It was documented that the injured worker had neck pain rated at a 10/10. Physical findings included diffused tenderness in the cervical paraspinal musculature with limited range of motion secondary to pain and decreased sensation in the right index finger and long finger to sensory testing. The injured worker's diagnoses included cervical sprain/strain, right cervical brachial myofascial syndrome, right cervical radiculopathy, chronic right shoulder impingement syndrome, adhesive capsulitis of the right shoulder, status post right shoulder arthroscopy, mild ulnar neuritis of the right elbow and chronic pain syndrome. The injured worker's treatment plan included a cervical MRI to evaluate for worsening maneuver compression and a request was made for a cervical spine pillow to provide relief of chronic neck pain.

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: 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 Upper Back Chapter, MRI.

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address repeat MRIs. Official Disability Guidelines recommend repeat imaging studies when there is evidence of progressive neurological deficits or a significant change in the injured worker's pathology. The clinical documentation submitted for review does not clearly identify significant progressive neurological deficits. Additionally, there has not been a significant change in the injured worker's clinical presentation to support the need for an additional imaging study. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.

CERVICAL SPINE PILLOW: 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 Upper Back Chapter, Pillow.

Decision rationale: The requested cervical spine pillow is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address a cervical spine pillow. Official Disability Guidelines recommend a cervical spine pillow to provide pain relief. Cervical spine pain interferes with sleep patterns and is used in conjunction with an active therapy program. The clinical documentation submitted for review does indicate that the injured worker had significant pain complaints. However, there is no documentation of how this interferes with the injured worker's sleep patterns. Additionally, it is noted within the documentation that the injured worker struggles with participating in a home exercise program secondary to pain. Therefore, it is unclear how a cervical spine pillow will assist in resolving the injured worker's pain. As such, the requested cervical spine pillow is not medically necessary or appropriate.