

Case Number:	CM13-0054338		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2013
Decision Date:	03/17/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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, 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 patient is a 54-year-old female who sustained a work-related injury on 7/26/13. Subjective complaints include constant neck pain radiating to the shoulder and shoulder blades, and objective findings include diffuse tenderness throughout the cervical paraspinal muscles, superior trapezius, interscapular and supraclavicular region with guarding; spasm in the superior trapezius muscle; axial pain with cranial vault compression; and decreased range of motion with guarding. Her current diagnoses include cervical sprain/strain, right cervicobrachial myofascial pain syndrome/thoracic outlet syndrome, and chronic pain syndrome. Treatment to date has been physical therapy and medications.

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: 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM guidelines state that an MRI of the cervical spine can be recommended with documentation of a red flag(s), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines state that the criteria for a recommended MRI of the cervical spine are documentation and support from subjective/objective findings of a condition for which an MRI is indicated; neurologic signs/symptoms; neck pain with radiculopathy if there is a deficit of severe or progressive neurologic signs; chronic neck pain; radiographs showing spondylosis, old trauma, or bone/disc margin destruction; suspected/known cervical spine trauma; and/or findings suggesting ligamentous injury. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, right cervicobrachial myofascial pain syndrome/thoracic outlet syndrome, and chronic pain syndrome. However, despite documentation of constant neck pain radiating to the shoulder and shoulder blades, and a rationale identifying the request for MRI (to rule out right sided radiculopathy), there is no documentation and support from subjective/objective findings of a condition for which an MRI is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.