

Case Number:	CM13-0054673		
Date Assigned:	06/06/2014	Date of Injury:	01/28/2009
Decision Date:	07/14/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 61 year old female patient who sustained a neck injury on 01/28/2009 as result of repetitive strain during usual work activity that has led to chronic neck, left shoulder and wrist and lumbar spine pain. On her most recent Follow-up Report of a Primary Treating Physician dated October 9, 2013, she complains of chronic pain in her cervical and lumbar spine, pain in her left shoulder and residual pain in her left wrist. She is status post left carpal tunnel release surgery. On examination there is spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. Appreciable sensation deficit is noted in the C6, C7, L5 and S1 dermatomal distribution bilaterally with a decreased grip strength noted on the left side. In dispute is the obtainment of a cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation <http://www.acr.org/quality-safety/appropriateness-criteria>.

Decision rationale: If physiologic evidence indicates tissue insult or nerve impairment, consider the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additionally, the utility of MRI in the evaluation of patients with chronic neck pain and degenerative cervical disorders is now well established given its lack of ionizing radiation, excellent depiction of bone marrow signal, intervertebral discs, facet arthropathy and spinal stenosis, MRI has supplanted CT as the first line advanced imaging study in patients with chronic neck pain. Furthermore, cervical MRI examinations frequently include the upper thoracic spine, where degenerative changes have been shown to be associated with cervical symptoms. Considering the patient's examination finding of sensory deficits of the C6 and C7 dermatomes, the appropriate imaging study to visualize any form of nerve impingement is warranted. I find the request is medically necessary and is authorized.