

Case Number:	CM13-0063827		
Date Assigned:	03/24/2014	Date of Injury:	09/13/2013
Decision Date:	05/29/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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:

According to the records made available for review, this is a 47-year-old female with a 9/13/13 date of injury. At the time (11/27/13) of request for authorization for magnetic resonance imaging (MRI) for the cervical spine, there is documentation of subjective (dull, achy neck pain rated 3-4/10, burning in bilateral shoulder rated 6-8/10, burning bilateral elbow pain rated 6-8/10, bilateral wrist pain 6-8/10) and objective (+2 tenderness at the suboccipital muscles, scalenes, and right brachial plexus, decreased range of motion, positive distraction, maximal foraminal compression, crepitus with range of motion; sensation to pinprick and light touch diminished, and motor strength decreased) findings, current diagnoses (cervical spine strain/sprain, rule/out herniated nucleus pulposus, bilateral shoulder impingement syndrome, bilateral shoulder tenosynovitis, rule/out right shoulder rotator cuff tear, bilateral elbow lateral epicondylitis, bilateral elbow medial epicondylitis, bilateral wrist carpal tunnel syndrome, thoracic sprain sprain/strain, lumbar spine sprain/strain rule/out herniated nucleus pulposus), and treatment to date (medications and activity modification). There is no documentation of plain film radiographs findings, physical examination findings consistent with nerve root compromise, and that the proposed MRI is intended in preparation for invasive procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179; 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnosis of cervical spine strain/sprain, rule/out herniated nucleus pulposus. In addition, there is documentation of conservative treatment. However, there is no documentation of plain film radiographs findings. In addition, despite non-specific documentation of neck pain, diminished sensation, and decreased strength, there is no specific (to a nerve root distribution) documentation of physical examination findings consistent with nerve root compromise. Furthermore, there is no documentation that the proposed MRI is intended in preparation for invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for magnetic resonance imaging (MRI) for the cervical spine is not medically necessary.