

Case Number:	CM13-0067107		
Date Assigned:	01/03/2014	Date of Injury:	07/14/1998
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic Surgery 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:

The patient is a 45 year old female who was injured on 07/14/1998 while driving a vehicle that was involved in a traffic collision. She complained of the immediate onset of pain in her neck, right ribs, low back, right hip, and right knee regions. Broken glass was embedded in her back. Prior treatment history has epidural injections into the lumbar spine; IDET procedure on 08/22/2003;H-wave unit. The patient underwent right knee arthroscopy. The patient received post operatively physical therapy. Diagnostic studies reviewed include X-rays of the cervical spine performed on 03/04/2009 revealed no bony abnormalities noted on these films. PR -2 note dated 02/07/2013 documented the patient to have complaints of right knee pain, off and on; low back has gotten worse; neck has been getting worse, radiating down the right side of neck to the top of shoulder. PR-2 note dated 03/04/2009 documented the patient to have complaints of symptoms referable to the cervical spine, right rib cage, lumbosacral spine, right hip and right knee regions. With respect to the cervical spine, there has been occasional pain. She described it as a dull aching pain. There was pain radiating from her neck down both upper limbs, worst on the left, with some cervical stiffness; popping and cracking sensation in the neck. She has prolonged positioning of the neck causing increased pain; resting and taking medications; hot showers or baths helps to ease these symptoms. She rates her pain as a 4. Objective findings on exam revealed no deformity or discoloration. There was tenderness to palpation in the posterior aspect of the cervical spine. There was tenderness to palpation of the right and left trapezius muscles. There was tenderness to a less degree along with vertebral borders of the scapulae. No cervical paravertebral muscle spasm was present; range of motion of the cervical spine was slightly decreased in right lateral bending, 45 degrees normal, 35 degrees active and 35 degrees passive; left lateral bending 45 degrees normal, 36 degrees active and 36 degrees passive. The patient complains of pain at the extreme with forward flexion, extension, right lateral bending,

left lateral bending, right rotation and left rotation. The patient had 100 percent range of motion of the shoulders elbows, and wrists; upper extremity reflexes were within normal limits. There were no sensory abnormalities noted with sensation intact to light touch and sharp/dull sensation to pinprick in all dermatomes in the bilateral upper extremities; motor strength evaluation was 5/5 bilaterally. Circumferential measurements were equal bilaterally. PR-2 note dated 05/09/2013 documented the patient to have complains of neck pain that comes and goes, depending on her neck posture. She uses an ice pack. She had radiating pain into the right shoulder. Objective findings on exam revealed extension is 45 degrees; rotation is 70 degrees on the right and 30 degrees on the left. PR-2 note dated 09/06/2012 documented the patient to have complaints of having constant pain and stiffness in the neck; radiated down the back of the shoulders, more on the right. PR-2 note dated 08/08/2013 documented the patient was taking Meloxicam, Flector and Lidoderm patches. The patient was not attending physical therapy and the patient was working. The right knee pain continued. There was popping and clicking present, occasionally giving out. Low back pain continued but used her inversion tale for temporary relief. She had neck pain and stated her head felt heavy. She has tingling in the left 4th and 5th fingers. The pain radiates down into the shoulders. Objective findings reveal tenderness over base of occiput, levator and rhomboids; negative Tinel, left. The patient was diagnosed with musculoligamentous sprain of the cervical spine with right upper extremity radiculitis. The requested treatment plan is for a MRI of the cervical spine. MRI cervical spine is rec

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the ACOEM criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and for clarification of the anatomy prior to an invasive procedures. In the medical records provided, there were no documented findings of neurologic dysfunction, DTR's were equal and symmetrical, there was no documented muscle atrophy and the X-rays were reported as normal. MRI's should be used for patients with a significant change in their symptoms or clinical findings which was not established for this patient. The request for 1 MRI of the cervical spine is not medically necessary and appropriate.