

Case Number:	CM14-0003502		
Date Assigned:	01/31/2014	Date of Injury:	10/02/2013
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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:

The patient is a 45 year old female with a 10/2/13 date of injury; she fell down stairs and grabbed the rail with her right hand. She presented on 11/11/13 with complaints of pain to the upper back, neck, and right shoulder. It is noted that plain films of the neck were taken after her injury, but results were not made available. It is also noted the patient had six sessions of physical therapy; however this was for her right shoulder, and she has been on anti-inflammatories. She complains of neck stiffness and pain radiating down her right arm with associated numbness and weakness. She also complains of headaches for which she is taking Topamax. Exam findings of the cervical spine reveal spasm and tenderness over the paravertebral musculature, but not the cervical spinal processes. There is decreased sensation and pain in the right C6 dermatome, otherwise upper extremity reflexes, sensation, and strength is normal. Spasm, tenderness, and guarding are noted in the paravertebral muscles of the cervical spine with decreased range of motion. Loss of motor strength in the right deltoid is noted at 4/5. The patient indicates that even though she has had six sessions of physical therapy, she does continue to be symptomatic. She continues to complain of radiculopathy despite conservative treatment along with oral pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL WITHOUT CONTRAST: 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 8, 179-180

Decision rationale: The California MTUS supports imaging studies with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure, and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The patient presents with persistent neck pain radiating to the right shoulder. Objective findings demonstrate decreased sensation and pain in the right C6 dermatome and right deltoid weakness. However, there is no indication that the previously requested electrodiagnostic studies were obtained. In addition, most of the conservative care was directed at the patient's shoulder complaints; it is unclear what specific conservative care was rendered directed at the cervical spine. While plain films were reportedly done, specific findings on X-rays were not documented. As such, the request is not medically necessary.