

Case Number:	CM14-0006987		
Date Assigned:	02/07/2014	Date of Injury:	10/13/2011
Decision Date:	07/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/18/2014

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 39-year-old female who has submitted a claim for brachial plexus injury associated with an industrial injury date of October 13, 2011. The medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck pain with radiation and numbness in the right upper extremity. Physical examination showed decreased cervical flexion, extension, and bilateral lateral flexion due to pain; negative Spurling's bilaterally; and improved sensory function to light touch on the right upper extremity in the C5-8 dermatomes. The treatment to date has included activity modification, splints, hot/cold packs, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, anticonvulsants, antidepressants, physical therapy, steroid injections, and surgery (6/7/11). A utilization review from December 17, 2013 denied the request for cervical MRI (magnetic resonance imaging) due to lack of clinical evidence to corroborate findings of nerve root compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. 182, tab;e 8-2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The MTUS/ACOEM Practice Guidelines support 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. In this case, the patient presented with chronic neck pain with radiation to the right upper extremity and positive Spurling's bilaterally last October 2013. However, progress notes from December 5, 2013 reported negative Spurling's bilaterally and improved sensory function over the C5-8 dermatomes indicating positive response to treatment given. In addition, electrodiagnostic study from October 23, 2013 showed normal results. Furthermore, rationale as to why a simple cervical spine x-ray would not suffice in this case is lacking. Lastly, there were no reports of surgical plans for the patient. The medical necessity was not established. Therefore, the request for cervical MRI (magnetic resonance imaging) is not medically necessary.