

Case Number:	CM14-0007736		
Date Assigned:	02/07/2014	Date of Injury:	08/19/2013
Decision Date:	07/31/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation 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 30-year-old male who has submitted a claim for left pneumothorax of the left ribcage after crush injury, left acromioclavicular joint separation, and decreased scapular mobility associated with an industrial injury date of August 19, 2013. The medical records from 2013-2014 were reviewed. The patient complained of persistent left neck and shoulder pain, rated 7/10 in severity. The pain has associated stiffness and persists with overhead reaching. There was tightness noted in the left scapular area. Physical examination showed left scapular tightness and decreased scapular range of motion. Tenderness was noted on the left intercostals. There was elevated left acromioclavicular joint. There was also tight posterior scapular infraspinatus and teres minor. Motor strength on the left was 4/5. There was diminished touch in a nonspecific distribution around the left collar bone and on the left upper extremity. EMG/NCV of the upper extremities, dated January 27, 2014, revealed left C5 and C6 radiculopathy. The treatment to date has included medications, physical therapy, home exercise program, activity modification, left thoracostomy and thoracotomy, and fixation of left rib fractures. In a utilization review, dated January 9, 2014, denied the requests for MRI cervical spine and MRI brachial plexus because there were no red flags noted in the reports submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Magnetic resonance imaging (MRI).

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of persistent left neck and shoulder pain. Objective findings and EMG/NCV of the upper extremity show evidence of cervical radiculopathy. However, the recent progress notes do not document a thorough evaluation of the cervical spine. The patient's cervical spinal condition at this point is not known. Furthermore, there is no documentation of new injury or trauma to the cervical spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. Furthermore, rationale as to why a cervical spine x-ray would not suffice in this case is lacking. Therefore, the request for MRI CERVICAL SPINE is not medically necessary.

MRI brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, MR neurography.

Decision rationale: The CA MTUS does not specifically address MRI of the brachial plexus. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that MR neurography is not recommended except in patients in whom EMG and traditional MR imaging are inconclusive who present with brachial plexopathy who have previously received radiation therapy to the brachial plexus region and have systemic tumors. MR neurography is used to evaluate major nerve compressions such as those affecting the brachial plexus nerves (e.g. thoracic outlet syndrome). In this case, the patient complained of persistent left neck and shoulder pain. Objective findings and EMG/NCV of the upper extremity show evidence of left cervical radiculopathy. There was no documentation that the EMG/NCV studies were inconclusive. Moreover, there was no mention that the patient has brachial plexopathy, received radiation therapy to the brachial plexus region or has systemic tumors. Furthermore, the present request failed to specify the laterality. Therefore, the request for MRI brachial plexus is not medically necessary.

