

Case Number:	CM14-0109603		
Date Assigned:	08/01/2014	Date of Injury:	10/20/2009
Decision Date:	09/26/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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, Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 49 year old female who sustained an injury to her neck on 10/20/09 while performing her usual and customary duties as a police dispatcher; she twisted her neck from side to side to look at different computer screens, when she developed left shoulder and neck pain. MRI of the neck and left shoulder were done and she received physical therapy to her neck and left shoulder at intervals of three times a week for several months. The injured worker had been off work since June of 2013. The injured worker continued to complain of pain with constant aching in the neck, often becoming sharp and shooting pain traveling down her arms and bilateral hands. She had episodes of numbness and tingling in her arms/hands. She had frequent headaches, which she associated with her neck pain. The injured worker also had continuous aching of the left shoulder, at times becoming sharp and throbbing traveling down to the arm and hand. She had clicking and grinding sensation with the left shoulder. Physical examination noted spasm and tenderness over the paravertebral musculature and upper trapezium; upper extremities reflexes were normal; slightly decreased muscle strength in the left deltoid muscle and decreased sensation on the right lateral forearm, thumb, and index finger.

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 without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Neck and upper back chapter.

Decision rationale: The request for MRI of the cervical spine without contrast is not medically necessary. Previous request was denied on the basis that there was lack of unequivocal findings for a specific nerve compromise; sensory exam showed multiple findings that do not support one without specific nerve compromise. There was a lack of orthopedic testing to validate any sensory changes; guidelines state that further physiologic evidence of nerve dysfunction must be obtained before ordering imaging studies. Based on the previous response to conservative care and lack of unequivocal evidence for specific nerve compromise, the request was not indicated as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms there was no mention that a surgical intervention was anticipated. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the patient was actively participating in a home exercise program. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the cervical spine without contrast is not indicated as medically necessary.