

Case Number:	CM14-0018796		
Date Assigned:	04/25/2014	Date of Injury:	04/12/2013
Decision Date:	07/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/13/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 35 year old with an injury date on 4/12/13. Based on the 1/8/14 progress report provided by [REDACTED] the diagnoses are: 1. head pain 2. cervical musculoligamentous strain/sprain with radiculitis 3. rule out cervical spine discogenic disease 4. thoracic musculoligamentous strain/sprain 5. lumbosacral musculoligamentous strain/sprain with radiculitis 6. rule out lumbosacral spine discogenic disease 7. bilateral shoulder strain/sprain 8. right shoulder impingement syndrome 9. Depression 10. situational sleep disturbance secondary to pain. Patient was responsible for working in the kitchen, preparing food and maintaining cleanliness, and gradually developed symptoms per 1/8/14 report. Examination on 1/8/14 revealed patient had a "swollen nose bridge, C-spine was tender to palpation, spastic, with decreased range of motion. T-spine and L-spine showed tenderness to palpation, spasm and had decreased range of motion. Bilateral shoulders showed tenderness to palpation anteriorly, posteriorly, over right clavicle, right deltoid, right rotator cuff and had decreased range of motion. Deep tendon reflexes decreased in right upper extremity at 1+/2+. Motor strength decreased in bilateral shoulders at 4/5. Anterolateral shoulder and arm had decreased sensation. Decreased deep tendon reflexes in right lower extremity at 1+/2+. Motor strength decreased in bilateral lower extremities at 4/5. Sensation decreased in right anterolateral thigh, anterior knee, medial leg." No previous MRIs were found in provided report. [REDACTED] is requesting an MRI for the patient's cervical without contrast. The utilization review determination being challenged is dated 1/17/14 and refuses request MRI due to lack of documentation of 3 months of conservative therapy, planned surgical intervention, or progressive neurologic deficit. [REDACTED] is the requesting provider, and he provided a treatment report from 1/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL WITHOUT CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: According to the 1/8/14 report by [REDACTED], this patient presents with "headaches, neck pain, back pain, both shoulder/upper arm pain, psychiatric, complaints, sleeping problems." The request is for an MRI for the patient's cervical spine without contrast. Review of the reports do not show any evidence of prior MRIs. In the same 1/8/14 report, [REDACTED]. [REDACTED] also requests 12 sessions of physical therapy for C-spine, T-spine, and bilateral shoulders, and there are no x-rays pending. In the diagnostic impression, [REDACTED] states the intent for the MRI as "ruling out cervical spine discogenic disease and lumbosacral spine discogenic disease." In regard to chronic neck pain, ACOEM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. Official Disability Guidelines (ODG) guidelines also support MRI's for neurologic signs and symptoms. In this patient, it has been close to a year since injury with persistent pain. The patient has significant radicular symptoms which is neurologic sign and dysfunction. The request is medically necessary and appropriate.