

Case Number:	CM14-0121658		
Date Assigned:	09/16/2014	Date of Injury:	06/01/2014
Decision Date:	12/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 53 year old female with an injury date of 06/01/14. Based on the 06/23/14 progress report provided by [REDACTED] the patient complains of neck pain rated 7/10, that radiates to right arm and 4th/5th fingers with numbness and tingling, worse when she turns her head. Physical examination to the cervical spine revealed tenderness and normal range of motion. Following her injury, the patient was given a cervical collar, Naproxen and had physical therapy. X-rays were taken and were negative for fracture. Patient's current medications include Vitamin D3 and Levothyroxine Sodium. Treater is requesting MRI of the cervical spine given radicular pain of right upper extremity. Diagnosis 06/23/14- neck sprain- headache- contusion of breast- right shoulder pain- cervical disc disease [REDACTED] is requesting MRI (MAGNETIC RESONANCE IMAGING) NECK, SPINE WITHOUT DYE. The utilization review determination being challenged is dated 07/03/14. The rationale is "normal examination findings and subjective symptoms for four weeks without therapy..." [REDACTED] is the requesting provider and she provided treatment reports from 06/02/14 - 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) Neck Spine without dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head Chapter, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with neck pain rated 7/10, that radiates to right arm and 4th/5th fingers with numbness and tingling, worse when she turns her head. The request is for MRI (Magnetic Resonance Imaging) Neck, Spine Without Dye. Patient's diagnosis dated 06/23/14 included neck sprain and cervical disc disease. ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications listed below. Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit." Progress report dated 06/23/14 states that "the patient was given a cervical collar, Naproxen and had physical therapy. X-rays were taken and were negative for fracture." Per progress report dated 06/23/14, treater is requesting MRI of the cervical spine given radicular pain of right upper extremity. Based on medical records, MRI of the cervical spine has not been done previously. UR letter dated 07/03/14 states "normal examination findings and subjective symptoms for four weeks without therapy..." However, the patient presents with radiating symptoms which is a neurologic finding. ODG supports an MRI after failure of conservative treatments if neurologic sign/symptoms are present. This request is medically necessary.