

Case Number:	CM14-0123812		
Date Assigned:	09/25/2014	Date of Injury:	09/15/2013
Decision Date:	11/04/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 Internal 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 an injured worker with neck and shoulder complaints. Date of injury was 09/15/2013. Physical medicine and rehabilitation new patient consultation dated 04/15/2014 documented chief complaints of neck, right shoulder, and right upper extremity pain. He injured himself while throwing a football at a company event. He has had physical therapy. He has also had chiropractic treatments. His pain is located on right shoulder and the right side of neck. From time to time, the pain radiates down the right arm all the way down to the wrist with numbness and tingling. Physical examination was documented. He had full range of motion of the cervical spine but right lateral rotation and extension increased his pain, and particularly, he felt pain and tingling in his arm and wrist/hand. This is a positive Spurling's maneuver. He had palpatory tenderness on the right side of the neck. Inspection was within normal limits. He had full range of motion of the right shoulder. Diagnostic impression was rule out cervical disk herniation with radiculopathy. MRI of the cervical spine was requested. Primary treating physician's progress report dated 05/14/2014 documented subjective complaints of neck pain and shoulder pain. He is having less pain radiating to the right arm and he states physical therapy was significantly helpful. Physical therapy improved the range of motion in the shoulder. Objective findings were documented. He has fairly full range of motion of the right shoulder. He has normal gait and stance. Diagnosis was rule out cervical disk herniation with radiculopathy. Treatment plan included physical therapy for the neck and shoulder and MRI magnetic resonance imaging. Utilization review determination date was 6/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI neck spine w/o dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Medical records document subjective complaints of neck pain and right upper extremity pain. The injury occurred when the patient was throwing a football at a company event. There was no history of trauma. No x-ray radiography results were documented. Physical examination documented full range of motion of the cervical spine and right shoulder. MRI of the cervical spine was requested. No x-ray radiographs of the cervical spine were documented. MTUS and ACOEM guidelines state that x-ray radiographs are recommended as the initial studies. The first recommended imaging study is x-ray radiography. Because x-ray radiographs of the cervical spine are not documented, the request for cervical spine MRI magnetic resonance imaging is not supported. Therefore, the request for MRI neck spine w/o dye is not medically necessary.