

Case Number:	CM14-0152243		
Date Assigned:	09/22/2014	Date of Injury:	08/10/2013
Decision Date:	11/07/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 44-year-old female with a date of injury of 08/10/2013. The listed diagnosis per [REDACTED] is sprain of unspecified site of shoulder and upper arm. According to progress report 07/07/2014, the patient complains of right shoulder and neck pain. An EMG study was done which showed possible C5 cervical radiculopathy and "very mild" right carpal tunnel syndrome. The patient continues to complain of persistent numbness and tingling in the right hand and both the median and ulnar nerve distribution with persistent weakness and loss of dexterity. Progress report 08/18/2014 states that the patient has become significantly worse and she is complaining of ulnar sensory nerve symptoms. The treating physician is requesting an MRI of the cervical spine. Utilization review denied the request on 09/04/2014. Treatment reports from 03/24/2014 through 08/25/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the cervical spine: Upheld

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

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

Decision rationale: This patient presents with right shoulder and neck pain that radiates into the right arm with numbness and tingling. The treating physician is requesting an MRI of the cervical spine to further investigate the C5 radiculopathy that was shown on the EMG report from 06/23/2014. Utilization review denied the request stating that records have failed to document 4 to 6 weeks of conservative care. ODG Guidelines recommend MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. The medical records do not indicate that the patient has had an MRI of the cervical spine in the past. In this case, examination revealed neurological deficits and the patient continually complains of worsening of radicular symptoms. The EMG report from 06/23/2013 revealed evidence of "possible right C5 radiculopathy" and the treating physician would like an MRI for further investigation and to confirm radiculopathy. This request is medically necessary.