

Case Number:	CM14-0177840		
Date Assigned:	11/06/2014	Date of Injury:	03/28/2007
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Nephrology 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:

Patient is a 53-year-old female who has submitted a claim for cervical disc herniation with radiculitis/radiculopathy, left shoulder impingement syndrome status post-surgery, status post carpal tunnel release, and status post trigger finger release of the right hand associated with an industrial injury date of 3/28/2007. Medical records from 2011 to 2014 were reviewed. The patient complained of neck pain radiating to bilateral upper extremities. She also complained of triggering of the fifth finger of the right hand. Physical examination of both shoulders showed restricted and painful range of motion. Tenderness was noted over the greater tuberosity of the homers with some grinding sensation. There was a healed incision noted on the left shoulder secondary to arthroscopic surgery. Treatment to date has included right shoulder arthroscopy 2008, right carpal tunnel release in 2008, left carpal tunnel release and trigger finger release in 2009, trigger finger release in 2011, left shoulder arthroscopy in 2012, physical therapy, and medications. Current treatment plan includes MRI of the cervical spine to establish the presence of disc pathology. Utilization review from 9/29/2014 denied the request for MRI without contrast of the cervical spine because of insufficient documentation to assess for any type of cervical radiculopathy or derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, Electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of neck pain radiating to bilateral upper extremities. She also complained of triggering of the fifth finger of the right hand. Physical examination of both shoulders showed restricted and painful range of motion. Tenderness was noted over the greater tuberosity of the humers with some grinding sensation. There was a healed incision noted on the left shoulder secondary to arthroscopic surgery. Current treatment plan included MRI of the cervical spine to establish the presence of disc pathology. However, medical records submitted and reviewed failed to provide comprehensive physical examination to establish presence of neurologic deficit. The medical necessity of MRI cannot be established due to insufficient information. Therefore, the request for MRI of the cervical spine without contrast was not medically necessary.