

Case Number:	CM14-0179232		
Date Assigned:	11/03/2014	Date of Injury:	06/01/2011
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 41 year old female with an injury date of 06/01/11. Based on the progress report dated 06/13/14 provided by [REDACTED], the patient has a history of cervical myofascial pain involving her trapezius muscles, likely right rotator cuff syndrome, cervical degenerative disc disease, anxiety, depression and repetitive strain. Physical examination of the area revealed myofascial trigger points in her bilateral trapezius. As per progress report dated 05/02/14, the patient is having difficulty sleeping secondary to the pain and is unsure of the reason for the flare up. Physical examination demonstrated right greater than left trigger points in her trapezius muscles along with decreased neck extension. As per progress report dated 06/13/14, the patient is participating in a home exercise program. She is using a TENS unit "which she finds to be helpful." Patient is on stable doses of Paxil to manage anxiety and Motrin as needed for pain, as per progress report dated 05/02/14. The patient had x-ray of her neck in April 2012, as per progress report dated 06/13/14 (no information about findings in the progress report. No report available either). Patient's diagnosis as of 06/13/14 includes cervical myofascial pain syndrome, right rotator cuff syndrome and cervical disc degeneration. [REDACTED] is requesting for MRI Of The Cervical Spine. The utilization review determination being challenged is dated 10/08/14. The rationale was "the claimant has functional range of motion in the bilateral upper extremities," and the medical file does not document conditions such as progressive neurologic deficit, chronic neck pain with neurologic signs, suspected cervical spine trauma, physical exam suggesting ligamentous injury/ instability, or worsening/failure to show improvement after 4 weeks of conservative therapy. Treatment reports were provided from 03/21/14 - 06/13/14.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back (updated 8/4/14)

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

Decision rationale: The patient presents with history of cervical myofascial pain involving her trapezius muscles, likely right rotator cuff syndrome, and cervical degenerative disc disease, along with anxiety, depression and repetitive strain, as per progress report dated 06/13/14. ACOEM Guidelines, chapter 8, page 177 and 178, 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 do not support MRIs unless there are neurologic signs/symptoms present. In this case, there is no prior MRI of the neck, as per progress report dated 06/13/14. The physician states, "On examination, there is no change. She has functional range of motion of her neck and functional strength." The physician also says that daily home exercise program and TENS unit are helping manage pain. The patient is flared-up with some level of pain but does not present with any red flags such as myelopathy, radiating pain, or progressive neurological findings. Recommendation is for denial.