

Case Number:	CM14-0179937		
Date Assigned:	11/04/2014	Date of Injury:	08/02/2013
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational 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 a 43-year-old male who has submitted a claim for neck and shoulder myofasciitis associated with an industrial injury date of 8/2/2013. Medical records from 2014 were reviewed. The patient complained of neck pain radiating down his left arm in the ulnar nerve distribution. He had difficulty donning and doffing off clothes. Physical examination of the cervical spine showed limited motion, stiffness and muscle spasm. Grip strength was reduced bilaterally. Sensation was diminished along the ulnar nerve distribution at the left. Tinel's sign was positive at the left elbow. MRI of the cervical spine from 1/14/2014 revealed a diffuse disc osteophyte complex at C5 to C7 impinging the right foramen. Treatment to date has included shoulder arthroscopy, physical therapy, cortisone injection, TENS unit, and medications. The utilization review from 9/30/2014 denied the request for MRI of the cervical spine because of no documentation concerning severe neurologic deficit, instability, or injury consistent with subjective complaints or injury.

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.

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, the patient complained of neck pain radiating down his left arm in the ulnar nerve distribution. He had difficulty donning and doffing off clothes. Physical examination of the cervical spine showed limited motion, stiffness and muscle spasm. Grip strength was reduced bilaterally. Sensation was diminished along the ulnar nerve distribution at the left. Tinel's sign was positive at the left elbow. However, patient already underwent MRI of the cervical spine from 1/14/2014 revealing a diffuse disc osteophyte complex at C5 to C7 impinging the right foramen. There was no discussion why a repeat testing was needed. There was no worsening of subjective complaints or objective findings that may warrant further investigation by repeating MRI. Therefore, the request for MRI of the cervical spine was not medically necessary.