

Case Number:	CM14-0043126		
Date Assigned:	06/20/2014	Date of Injury:	11/09/2013
Decision Date:	09/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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:

This is a 42 year old female with an 11/9/2013 date of injury. She hurt her neck and back while lifting heavy boxes. A progress reported dated 3/14/14 noted subjective complaints of back pain, neck pain radiating down both shoulders, with intermittent numbness and tingling of bilateral arms Objective findings included cervical spine restricted range of motion, paraspinal tenderness to palpation. Motor strength is 5/5 and sensation is normal throughout. Symmetric reflexes of the upper extremities bilaterally. In response to the previous denial for cervical MRI, the provider notes that the patient has had three sessions of PT, chiropractor sessions, medications, heat patches, and cold compressions. These measures help her very briefly and the pain returns. The goal of the MRI is to determine further interventions including the need for surgery or other interventional procedures. The patient has a history and examination consistent with radiculopathy. I suspect this patient has a herniated disc causing her symptoms. Goal of the MRI is to establish a firm diagnosis. Diagnostic Impression: cervical radiculitis, lumbar radiculopathy Treatment to Date: medication management, chiropractic therapy, physical therapy A UR decision dated 2/25/14 denied the request for cervical spine MRI. There was only 2-3 visits of chiropractic therapy and medications as conservative management. There is no report of the outcomes of physical therapy or rehabilitation, no evidence of progressive neurologic deficit or radiculopathy and no evidence that the claimant may be a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES PLUS. Neck disorders. Clinical Measures. diagnostic investigations MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI.

Decision rationale: CA MTUS supports 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. ODG's Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (>3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit . The provider notes that there is concern for radiculopathy based on presentation, a disc herniation is suspected, and that MRI is sought after because of the possibility of intervention including surgery. However, while there is subjective pain, tingling/numbness, there is no objective evidence to support the concern for radiculopathy. There are no documented motor, sensory, or reflex deficits on examination. Additionally, there is no noted prior plain radiographs of the cervical spine or reports of plain radiographs available for review. Therefore, the request for cervical spine MRI was not medically necessary.