

Case Number:	CM14-0046583		
Date Assigned:	07/02/2014	Date of Injury:	08/18/2013
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker was a 47-year-old female with a reported date of injury on 10/18/2013. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include right cervical strain with right upper extremity cervical radiculitis. Her previous treatments were noted to include physical therapy and medications. The progress note dated 02/02/2014 revealed the injured worker complained of right shoulder pain that radiated down the right upper extremity and into her right hand as well as right knee pain. Injured worker complained of left thoracic and left paralumbar pain with bilateral lower extremities and numbness to both feet. The neurological exam revealed normal deep tendon reflexes and sensory. There was a positive impingement sign to the right shoulder, positive crepitus, and motor examination revealed 5/5 to the bilateral upper extremities. The sensation was intact to the bilateral upper extremities as well as circulation. The Request for Authorization Form was not submitted in the medical record. The request is for an magnetic resonance imaging (MRI) of the cervical spine; however, the provider's rationale was not submitted within the medical records.

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): 177-179.

Decision rationale: The injured worker complained of right shoulder, right knee, and lumbar spine pain. The injured worker did complain of radiating pain from the shoulder down the right upper extremities. The California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition Guidelines criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The physiologic evidence may be in the form of definitive neurologic findings on physical examination that show diagnostic studies, laboratory testing, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Physiologic evidence indicates tissue insult or nerve impairment, considering a discussion with a consultant regarding next steps, including a selection of an imaging test to define a potential cause such as an MRI for neural deficits. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The guidelines state an MRI can be used to identify an anatomic defect in the neck and upper back pathology. There is a lack of documentation regarding clinical pathology to the cervical spine to warrant a cervical MRI. The injured worker does not complain of pain to the cervical spine and has a positive impingement, supraspinatus, acromioclavicular joint tenderness, and crepitus. However, her sensation was intact along with a full motor strength examination. Therefore, due to the lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution an MRI is not warranted at this time. Therefore, the request is not medically necessary.