

Case Number:	CM14-0050487		
Date Assigned:	06/25/2014	Date of Injury:	09/23/1997
Decision Date:	12/30/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Rehabilitation & Pain Management 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 49 year old female with an injury date of 09/23/97. Based on the 02/10/14 progress report, the patient complains of chronic pain in her cervical spine and headaches associated with her chronic pain. She has severe flare up of right neck pain that radiates to her scapula, shoulder, and arm. Cervical spine range of motion is restricted. Spinous process tenderness is noted on C6 and C7 and tenderness is also noted at the trapezius. Multiple myofascial trigger points are noted. The 02/19/14 report states that the patient has acute neck pain, right upper extremity pain, and right hand pain which is associated with numbness/tingling. On sensory examination, light touch sensation is decreased over lateral hand and lateral forearm on the right side. No further positive exam findings were provided. The patient's diagnoses includes the following: 1. Unspecified myalgia and myositis 2. Brachial neuritis or radiculitis not otherwise specified 3. Chronic migraine without aura with intractable migraine 4. Other general symptom The utilization review determination being challenged is dated 03/04/14. The rationale is that "it is difficult to conceive of a physical insult that occurred in the 1990's [which were when the IW's industrial injuries occurred] that is now manifesting as a new finding over 13 years later, although this is of course an AOE/COE issue beyond the scope of utilization review. No information was received which would support the requested MRI." Treatment reports were provided from 10/30/13- 03/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) - Treatment for Workers' Compensation, Online Edition, Neck and Upper Back, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: According to the 02/10/14 report, the patient presents with chronic pain in her cervical spine and headaches associated with her chronic pain. The request is for an MRI of the Cervical Spine without contrast to establish a firm diagnosis to render a specific treatment plan. The 02/19/14 report states that the patient has "had last MRI in 1999. It is reasonable to consider that her cervical spine condition may be worsened in the last 15 years and could be the reason of the exacerbation of symptoms... MRI dated in 1999 showed mild right C5-6 neural foraminal stenosis." ACOEM Guidelines 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, the patient is flared-up with increased symptoms but does not present with any red flags such as infection/ tumor/fracture/dislocation. However, given the patient's significant radicular symptoms and an MRI that is from 15 years ago, an updated MRI would appear reasonable. ODG supports MRI's for failed conservative care when neurologic signs/symptoms are present. Therefore, the request is medically necessary.