

Case Number:	CM14-0066668		
Date Assigned:	07/11/2014	Date of Injury:	03/21/2013
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 50-year-old female who has submitted a claim for cervical strain and shoulder impingement, and possible rheumatoid arthritis versus fibromyalgia associated with an industrial injury date of March 21, 2013. Medical records from 2013-2014 were reviewed. The patient complained of neck and shoulder pain. The neck pain was associated with stiffness and burning sensation. Shoulder pain was worse on the right than the left. Physical examination showed patient moving the head and neck slowly. She complains of pain with arc of motion. Tenderness was noted on the cervical and scapular region. Range of motion of the right shoulder was limited. MRI of the cervical spine, dated July 29, 2013, revealed mild spondylosis within the cervical spine with 5mm perineural cyst and neural foraminal C5-C6 questionable clinical significance. EMG/NCV of the upper extremities dated December 5, 2013 showed no evidence of carpal tunnel syndrome, ulnar neuropathy, cervical radiculopathy, or other peripheral neuropathy; impression is probable recurrent cervical strain. Treatment to date has included medications, physical therapy, and activity modification. Utilization review, dated April 10, 2014, denied the request for MRI cervical spine because it was unclear why another MRI of the neck would be indicated at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183; Table 8-8: Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints, Other Imaging Procedures.

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: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of persistent neck and shoulder pain. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. In addition, MRI of the cervical spine done on July 29, 2013 revealed mild spondylosis within the cervical spine with 5mm perineural cyst and neural foraminal C5-C6 questionable clinical significance. There is no clear indication for another cervical spine MRI to be requested. Therefore, the request for Magnetic Resonance Imaging (MRI) of the Cervical Spine is not medically necessary.