

Case Number:	CM14-0073569		
Date Assigned:	07/16/2014	Date of Injury:	01/29/2009
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 58-year-old female who reported an injury on 06/29/2009. The mechanism of injury was not provided within the medical records submitted for review. The injured worker's diagnoses included status post fall with right leg laceration on 06/29/2009; history of continuous trauma injury, spine, shoulders, elbows, knees, ankles, and feet; history of cervicothoracic spine strain with spondylosis, rule out radiculopathy; history of lumbar spine strain, rule out radiculopathy; bilateral shoulder impingement syndrome; rule out internal derangement, both wrists; rule out internal derangement, both elbows; and rule out internal derangement, both ankles and feet. Other therapies were not provided within the medical records submitted for review. Diagnostic studies included MRI of the lumbosacral spine on 05/12/2014 and MRI of the left and right ankle on 05/28/2014. Surgical history was not provided within the medical records. It was noted on the progress report dated 04/22/2014 the injured worker complained of bilateral shoulder pain rated 7/10 to 8/10, right wrist pain rated 10/10, left wrist pain rated 8/10, and throbbing pain with a burning sensation in the elbows. The patient also complained of difficulty sleeping due to wrist pain. The objective findings noted for the cervical spine there was decreased range of motion and there was tenderness to palpation of the paraspinal musculature. It was noted on the progress report dated 06/03/2014 the injured worker reported left shoulder pain at 7/10, right shoulder pain 5/10 to 6/10, right wrist pain 5/10 to 6/10, and left wrist pain 7/10. The patient reported the pain is aggravated more with prolonged activities or movements and had associated numbness and tingling and weakness. The patient also reported difficulty sleeping due to wrist pain. The patient reported right ankle pain rated 6/10 to 7/10, left ankle pain 5/10 to 6/10, and more with prolonged walking or standing. The objective findings noted for the cervical spine there was decreased range of motion and tenderness to palpation of the paraspinal musculature. Medications were not provided within the

medical records. The provider requested an MRI of the cervical spine. The rationale for the requested treatment plan was to rule out radiculopathy. The request for authorization form dated 04/23/2014 was provided within the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 request for MRI of the cervical spine is non-certified. The injured worker has a history of complaints of pain to the bilateral shoulders, bilateral wrists, and bilateral ankles. The California MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The Guidelines state the criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The documentation noted the injured worker has a history of decreased range of motion to the cervical spine and tenderness to palpation over the paraspinal musculature. However, the clinical documentation submitted for review failed to identify any subjective complaints of pain associated with the cervical spine region. Additionally, the documentation provided failed to indicate any significant objective functional deficits to warrant a further evaluation. There is a lack of documentation to indicate conservative measures to include medication and physical methods failed to provide symptomatic relief and improve functional capacity to warrant an imaging study. Overall, there is a lack of documentation of failure of conservative care for a period of 3 to 4 weeks or an emergence of a red flag to warrant an imaging study at this time. As such, the decision for MRI of the cervical spine is non-certified.