

Case Number:	CM14-0080247		
Date Assigned:	07/18/2014	Date of Injury:	05/16/2008
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 52 year old female with an industrial injury date of 5/16/2008. The medical records indicate she has been treating primarily low back pain, and also has complaints of the neck and left shoulder. There is history of left shoulder arthroscopy. Conservative care has included extensive acupuncture treatment and recent course of aquatic therapy. According to the 3/12/2014 medical report, examination documented 2+ reflexes active and symmetrical of the bilateral upper and lower extremities, and no change in motor and sensory examination. According to a follow up visit note dated 3/24/2014, the patient presents for follow up regarding chronic pain in the neck, back and shoulder. She is now having pain in her neck radiating down her arm. She has some noise in her shoulder. Physical examination documents, positive spurling, full range of motion (ROM) of the shoulder, no weakness of the rotator cuff and no point tenderness. There is some noise in her shoulder. There is possibly some scaring in the subacromial space. No further treatment is offered for the shoulder. According to the progress report dated 4/21/2014, the patient has attended the 6 therapy sessions as originally outlined. Treating diagnoses are brachial nerutis or radiculitis, not otherwise specified (NOS), thoracic or lumbosacral neuritis or radiculitis, unspecified. Her subjective neck complaints and activities of daily living (ADL) limits arising from her neck remain minimal in relation to her lumbar, hand and general malaise complaints. Evaluation documents neck mobility has no functional limit, and she also ambulates with a cane. She seems to be doing well with regard to the initial referral complaint. She is capable of progressing to more gym based program, and she has expressed interest and capability. Additional physical therapy (PT) would be used to advancing the therapy program.

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 Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp, 12th Edition, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The CA MTUS ACOEM guidelines state the 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. However, none of these criteria appear to apply to this patient. The medical records do not document any objective evidence of progressive neurological deficit, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. She had also benefited from aquatic therapy and was recommended to progress to more intensive, gym-based program. Therefore, the medical necessity for the cervical MRI study has not been established in accordance with evidence based guidelines.