

Case Number:	CM14-0083747		
Date Assigned:	07/21/2014	Date of Injury:	07/07/2013
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 53 year old female with a 7/7/13 date of injury. She was walking down the stairs and missed a step and fell forward onto her hands and knees. She also felt a sharp pop in her mid-back. In a progress note dated 3/11/14, the patient reports symptoms of constant neck pain traveling to her right shoulder and anterior right arm that is aching, stabbing, burning, and tingling in nature. The pain is rated at 7/10. She also experiences occasional weakness in her right arm and hand. She also has a constant headache with a severity of 5-6/10. Objective findings on physical exam were normal reflexes and motor exam, intact sensation, tenderness to palpation about the paraspinal neck muscles, and limited neck range of motion. MRI cervical spine on 1/2/14 showed disc disease at C3-4 and C4-5 with the C4-5 disc abutting the cord. Diagnostic impression: cervicalgia with cervical disc disease, radiculopathy, rotator cuff strain with biceps tendon tear, labral tear, and supraspinatus tendinosis. Treatment to date: medication management, physical therapy, acupuncture, TENS unit. A prior UR decision dated 5/10/14 did not appear to address the request for cervical spine MRI, but instead addressed right upper extremity EMG/NCS, MRI thoracic spine, MRI right wrist/hand, and MRI right shoulder. These requests were denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) neck spine without dye: 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): Neck and Upper Back Chapter.

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: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. In the present case, the patient has already had a cervical MRI on 1/2/14. There is no documentation to justify a repeat MRI. There is nothing in the information provided to suggest a significant change in the patient's symptoms and/or findings suggestive of changing pathology since the previous MRI. It is unclear why there would be a specific need for a repeat cervical MRI. The cervical pathology seen on the 1/2/14 MRI seems to account for the patient's current neck and upper extremity pain, although the concurrence of shoulder pathology may be causing overlapping symptoms. In light of the above, a repeat cervical MRI would be superfluous. Therefore, the request for magnetic resonance imaging (MRI) neck spine without dye is not medically necessary.