

Case Number:	CM14-0094768		
Date Assigned:	07/28/2014	Date of Injury:	07/10/2013
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 38-year-old female who has submitted a claim for possible right shoulder strain with no evidence of internal derangement, and probable cervical radiculopathy associated with an industrial injury date of July 10, 2013. Medical records from 2014 were reviewed. The patient complained of persistent neck pain, rated 7-8/10 in severity. The pain radiates into the right upper extremity to the right hand. Spasms on the neck were noted as well. Physical examination showed cervical spine tenderness. Range of motion was decreased by 20%. There was weakness, numbness and reflex change to the right at C7. X-ray of the cervical spine dated June 4, 2014 was within normal limits. Treatment to date has included Naproxen, Ultram, Norflex, Norco, Protonix, and activity modification. Utilization review, dated May 29, 2014, denied the request for MRI of the cervical spine because the documentation did not indicate that the patient participated in a thorough conservative program, did not document the pain level or functional limitations upon evaluation, and did not have unequivocal findings that identified specific nerve compromise.

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: The Claims Administrator did not cite any medical evidence for its decision.

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 CA 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 pain radiating to the right upper extremity. 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, x-ray of the cervical spine done on June 4, 2014 was within normal limits. There is no clear indication for a cervical spine MRI to be requested. Therefore, the request for MRI of the cervical spine is not medically necessary.