

Case Number:	CM14-0098056		
Date Assigned:	07/28/2014	Date of Injury:	11/13/2003
Decision Date:	11/14/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 injured worker is a 43 year old right hand dominant male with a date of injury on 11/13/2003. On 2/11/2014, he underwent a glenohumeral joint intra-articular steroid injection on the right. He underwent electromyography / nerve conduction velocity studies on 3/3/2014. The results indicate that there is electrodiagnostic evidence of bilateral lower cervical and posterior rami irritation consistent with bilateral lower cervical radiculopathy. His presentation was suggestive of bilateral C8 radiculopathy. On 2/14/2014, he underwent lumbar medical branch facet nerve lidocaine block at right L5, L4, L3, and L2 levels and reported 75% back pain relief. Records dated 3/27/2014 documents of a previous magnetic resonance imaging of the neck performed on 2/9/2005 which noted mild degenerative changes. The same document also note of another magnetic resonance imaging scan of the neck performed on 7/31/2006 revealed normal findings. An objective examination of the neck revealed normal findings. The records dated 5/15/2014 indicates that the injured worker returned to his provider due to persistent low back, neck and right shoulder region pain. He was concerned about his neck and associated headaches that radiate to the right upper extremity. He also noted that repetitive activity in the neck aggravated his pain. He described his neck pain as pinching with a swollen feeling. It was associated with tingling and numbness in the bilateral upper extremities which was worse on the right. He also has difficulty with grasping and carrying objects. He rated his pain as 4-5/10. On examination, spasms were noted in the cervical paraspinal muscles and stiffness was noted in the cervical spine. Range of motion was limited with increased pain on the right. Tenderness was noted in the cervical facet joints bilaterally. Dysesthesia was noted in the right C7-T1 dermatome. Grip strength was 4+/5 in the bilateral hand intrinsic muscles. The most recent records dated 5/29/2014 documents that the injured worker complained of persistent neck pain rated at 4/10. He also reported right shoulder and low back pain. He reported that he had a right

shoulder joint injection and lumbar blocks done in 2/2014. He stated that his pain severity is at 6/10. On examination, spasms were noted in the cervical paraspinal muscles with stiffness. Spasms were also noted in the lumbar paraspinals with stiffness. Tenderness was noted over the lumbar facet joints. He is diagnosed with (a) right shoulder pain, (b) status post right shoulder subacromial decompression, (c) lumbar facet pain, (d) right sacroiliitis, (e) clinically consistent cervical radiculopathy, (f) bilateral knee pain, and (g) insomnia secondary to pain.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: According to evidence-based guidelines, repeat magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms and/or findings that are suggestive of significant pathology (e.g. tumor, infection, fracture, neuro compression, recurrent disc herniation). In this case, the injured worker is noted to have two previous magnetic resonance imaging scans of the cervical spine performed in 2005 and 2006. Findings were normal to mild degenerative changes. According to records, the injured worker noted pain regarding his neck. However, on physical examination, the results were all indicative of normal findings. Based on his records dated 5/15/2014, the injured worker was noted to be experiencing an increase in pain levels rated at 4-5/10 and his most recent records dated 5/29/2014 noted that he rated his neck pain as 4/10. His 5/15/2014 records indicate that he has been experiencing headaches and radiation to the right upper extremity with pinching and a swollen sensation. Moreover, there is a component of associated numbness and tingling sensation to the bilateral upper extremities, right side greater than left and the electromyography / nerve conduction velocity study performed in 3/3/2014 is indicative of lower cervical spine radiculopathy. Based on the clinical presentation of the injured worker and the indications/requirements for imaging, magnetic resonance imaging for the cervical spine is satisfied. There is sufficient evidence of a significant change in symptoms with associated neurologic signs and symptoms. Hence, the medical necessity of the requested magnetic resonance imaging of the cervical spine is established.