

Case Number:	CM14-0133146		
Date Assigned:	08/22/2014	Date of Injury:	06/29/2004
Decision Date:	04/20/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on June 29, 2004. The cause and original injury were not provided. The injured worker was diagnosed as having carpal tunnel syndrome and cervical strain/sprain. Treatment to date has included physical therapy and medications. Progress note dated August 4, 2014 is partially illegible and provides the injured worker complains of neck pain. Physical exam notes headaches, depression and muscle spasm. The plan is for magnetic resonance imaging (MRI) of cervical spine and continue home exercise 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) Neck and Upper Back Procedure Summary.

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

Decision rationale: The patient presents with neck pain rated 7/10 which radiates into the right upper extremity. The patient's date of injury is 06/29/04. Patient has no documented surgical history directed at this complaint. The request is for MRI OF THE CERVICAL SPINE. The RFA is dated 08/04/14. Physical examination dated 08/04/14 is poorly scanned, hand written, and partially illegible. Legible findings include positive Tinel's sign bilaterally, tenderness to palpation of the bilateral cervical paraspinal muscles, and decreased sensation of the right C6/C7 dermatome and left C3 dermatome. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not clearly indicated. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." In regard to the request for what appears to be this patient's second cervical MRI, the treater has not provided a reason for the request. The documentation provided does not include any cervical MRI's, though UR denial letter dated 08/11/14 references a cervical MRI performed on 04/30/14. The most recent progress note, dated 08/04/14 does not include a rationale for the requested imaging. It does provide evidence of neurological compromise though, as evidenced by right C6/C7 and left C3 dermatome sensation decrease. However, the two previous progress notes dated 06/23/14 and 05/14/14 also include identical findings. There is no evidence that this patient has experienced a re-injury or that there has been progressive decline in her upper extremity neurological function/cervical pain. Without a clearer rationale provided as to why this patient requires a second cervical MRI in 1 year without evidence of increasing symptoms or re-injury, the medical necessity cannot be substantiated. The request IS NOT medically necessary.