

Case Number:	CM14-0186498		
Date Assigned:	11/14/2014	Date of Injury:	04/28/2012
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 64 year old male with an injury date of 04/28/12. Based on the 09/04/14 progress report provided by treating physician, the patient complains of neck pain that radiates to bilateral shoulders. Patient is status post cervical fusion February 2014. Per treater report dated 08/28/14, "patient had a complication after surgery of having C5 root palsy that has improved and returned. His x-rays of his neck are good." Physical examination to the cervical spine revealed decreased range of motion, especially on left rotation 55 degrees. Positive cervical distraction test. Neurologic findings revealed decreased sensation to left C5, C6, and C7 dermatomes. Mild spasm and tenderness about the trapezius muscle. Treater is requesting MRI of the cervical spine to evaluate percentage of fusion process and injury. Diagnosis 09/04/14- work related assault- facial trauma/contusion- cervical spine sprain/strain with radicular complaints- history of cervical fusion- bilateral shoulder rotator cuff tendinitis/bursitis- traumatic brain injury- clavicular rib pain- history of blood clot in lungs- history of left clavicular fracture The utilization review determination being challenged is dated 10/16/14. Treatment reports were provided from 06/03/14 - 09/24/14.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th Edition, 2013 Updates, Neck and Upper Back Chapter

MAXIMUS 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 (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

Decision rationale: The patient present neck pain that radiates to bilateral shoulders. The request is for MRI OF THE CERVICAL SPINE. Patient's diagnosis dated 09/04/14 included cervical spine sprain/strain with radicular complaints and bilateral shoulder rotator cuff tendinitis/bursitis. Physical examination to the cervical spine on 09/04/14 revealed decreased range of motion, especially on left rotation 55 degrees. Positive cervical distraction test. Neurologic findings revealed decreased sensation to left C5, C6, and C7 dermatomes. Mild spasm and tenderness about the trapezius muscle. Per treater report dated 08/28/14, "patient had a complication after surgery of having C5 root palsy that has improved and returned. His x-rays of his neck are good." 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."ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states:" Not recommended except for indications list below. Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit "Patient is status post cervical fusion February 2014. Per progress report dated 09/04/14, treater is requesting MRI of the cervical spine to evaluate percentage of fusion process and injury. Medical records provided do not mention prior MRI. Patient still presents with radiating symptoms which is neurologic symptom supported by guidelines. Recommendation is for authorization.