

Case Number:	CM14-0191813		
Date Assigned:	11/25/2014	Date of Injury:	01/05/2010
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain 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:

This is a patient with a date of injury of January 5, 2010. A utilization review determination dated November 3, 2014 recommends non-certification for an MRI of the cervical spine. Non-certification was recommended due to a lack of documentation of significant change in complaints and findings to support a repeat cervical MRI. A progress report dated October 10, 2014 identifies subjective complaints of neck pain. She denies any new injuries and her activity level has remained the same. The patient has pain with numbness radiating into the right upper extremity including her fingers. The symptoms are now worsened. She was approved for 8 sessions of physical therapy with noted pain reduction and improvement in flexibility with the past 4 sessions. She plans on starting the approved sessions. She continues to pay out-of-pocket for massage therapy. Objective examination findings reveal restricted range of motion in the cervical spine in all planes with tenderness noted in the paravertebral muscles motor examination reveals decreased strength with grip, elbow flexion, elbow extension, and shoulder flexion on the right side. Light touch sensation is decreased over the ring finger, little finger, medial hand, and lateral shoulder (C5) on the right side. Diagnosis is cervical radiculopathy. The treatment plan recommends starting the approved 8 therapy sessions and continuing massage therapy which is being paid for out of pocket. Additionally, trigger point injections are requested and a new MRI of the cervical spine is requested. The note goes on to state "we continue to await her last MRI of the cervical spine completed" in 2009. A progress report dated May 9, 2014 has similar objective findings.

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-non contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. The ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, it does not appear that the patient has yet tried conservative treatment for the current subjective flare-up. Finally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI in 2009. In the absence of such documentation the requested cervical MRI is not medically necessary.