

Case Number:	CM14-0194892		
Date Assigned:	12/02/2014	Date of Injury:	04/12/2002
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology 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 53-year-old male who has submitted a claim for reflex sympathetic dystrophy of the upper limb, cervicgia, and right shoulder adhesive capsulitis, associated with an industrial injury date of April 12, 2002. Medical records from 2014 were reviewed. The patient complained of neck pain, bilateral arm pain, shoulder pain, and numbness of both hands. Physical examination of the cervical spine showed tenderness, trigger points, limited motion, and positive Spurling test on the right. There was segmental dysfunction and associated hypomobility at C2 to C4 level, accompanied by posterior prominent spinous processes of the right. There was hypertonicity of the splenius capitis, splenius cervicis, and upper fibers of bilateral trapezius. Treatment to date has included chiropractic care, use of H-wave unit and medications. The present request for MRI of the cervical spine is due to exacerbation of neck pain after chiropractic care. The utilization review from November 4, 2014 denied the request for MRI of the cervical spine because of no evidence of neurological impairment or ligamentous instability that may warrant an MRI.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the patient complained of neck pain, bilateral arm pain, shoulder pain, and numbness of both hands. The present request for MRI of the cervical spine is due to exacerbation of neck pain after chiropractic care. Physical examination of the cervical spine showed tenderness, trigger points, limited motion, and positive Spurling test on the right. There was segmental dysfunction and associated hypomobility at C2 to C4 level accompanied by posterior prominent spinous processes of the right. There was hypertonicity of the splenis capitis, splenis cervicis and upper fibers of bilateral trapezius. The medical necessity for MRI has been established given the worsening of patient's symptoms status post manipulation with documented findings of instability. Therefore, the request for MRI of the cervical spine is medically necessary.