

Case Number:	CM14-0195296		
Date Assigned:	12/03/2014	Date of Injury:	03/04/2013
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 & 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 36 year old male with an injury date of 03/04/13. Based on the 08/07/14 progress report, the patient complains of cervical spine pain which he rates as a 6/10. He also has left shoulder pain and arm pain. He reports that he has numbness in his left 3rd, 4th, and 5th fingers. He has limited range of motion to his neck and numbness to his left hand. The 09/08/14 report states that the patient has cervical spine pain which he rates as a 5/10. The 10/27/14 report indicates that the patient "continues to have pain in all areas." His left shoulder has a positive impingement and he has spasm over the paracervical spine. The patient has tenderness over the paracervical spine and trapezius. The neck and left shoulder both have a decreased range of motion. The 03/20/13 MRI of the cervical spine revealed the following:1) C4 central focal disc protrusion2) C4-C5 central focal disc protrusion3) C5-C6 broad based disc protrusion4) C6-7 broad based disc protrusion5) C7-T11 central focal (6) straightening of the cervical lordosisThe patient's diagnoses include the following:1) Cervical spondylosis with myelopathy2) Displacement of cervical intervertebral disc3) Degeneration of cervical intervertebral disc4) Spinal stenosis of cervical region5) Cervicalgia6) Brachial neuritis or radiculitis NOS- other specified disorders of bursae and tendons in shoulder region7) Contusion of shoulder region8) Contusion of scapular region9) Pain in joint involving shoulder regionThe utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 08/07/14- 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI)

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 presents with cervical spine pain, left shoulder pain, and arm pain. The request is for MRI (Magnetic Resonance Imaging) of the Cervical Spine. The patient previously had an MRI of the cervical spine on 03/20/13. 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" The 10/27/14 report indicates that the patient has tenderness and spasm over the paracervical spine and cervical spine range of motion is reduced. There is no documentation of any radicular pain from the cervical spine nor is there any evidence of progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms. In this case, patient does not present with any red flags such as myelopathy, bowel/bladder symptoms, no radiating pain with examination that is unremarkable. The requested MRI of the cervical spine IS NOT medically necessary.