

Case Number:	CM14-0198646		
Date Assigned:	12/09/2014	Date of Injury:	10/18/2011
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 43-year-old female with an injury date of 10/18/11. Based on the progress report dated 10/01/14, the patient is status post left and right knee surgery and left shoulder surgery (no date provided). Currently, she complains of pain in the neck on the left, upper back, left upper extremity, and left shoulder. The dull, pressure-like soreness is rated as 5-9/10. The nearly constant pain has been bothering the patient for three years and impacts activities of daily living. Physical examination reveals restricted range of motion in the neck along with a positive Spurling's maneuver on the left. There is tenderness cervical spine, manubriosternal joint, paracervical muscles, rhomboids, sternoclavicular joint, and trapezius. Motor examination reveals global weakness in the left upper extremities. There is decreased sensation in C5, C6, and C7. The patient has benefited from physical therapy, exercise, and chiropractic treatment. The patient is not working due to pain, as per progress report dated 10/01/14. Diagnoses, 10/01/14: Cervical radicular neuropathy/ suprascapular neuralgia and post laminectomy syndrome, lumbar. Shoulder sprain/strain, and the treater is requesting for cervical MRI. The utilization review determination being challenged is dated 10/31/14. The rationale was that there is no documentation of cervical spine symptoms, conservative care targeted at cervical spine, or plain film radiographs of the cervical spine. Treatment reports were provided from 04/28/14 - 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, MRI (magnetic resonance imaging)

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) chapter Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The patient is status post left and right knee surgery and left shoulder surgery (no date provided), and currently complains of pain in the neck on the left, upper back, left upper extremity, and left shoulder, as per progress report dated 10/01/14. The request is for Cervical MRI. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic) and topic Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. A review of available progress reports does not indicate prior cervical MRI. In progress report dated 10/01/14, the treater requests for cervical MRI "to determine if her pain is radicular on imaging." The patient is suffering from chronic neck pain. There is decreased sensation in C5, C6, and C7 along with tenderness in the cervical spine. Additional diagnostic testing may help with treatment. The patient does present with neurologic sign and symptoms given the radiating arm symptoms. The request is medically necessary.