

Case Number:	CM14-0198783		
Date Assigned:	12/09/2014	Date of Injury:	04/30/2014
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
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 & 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 38 year old female with an injury date of 04/30/14. Based on the 09/18/14 report, the patient's cervical spine is stiff and has a decreased range of motion. The 11/11/14 report indicates that the patient has tenderness to palpation of the forearm tenderness which she rates her pain as a 5/10. She also has cervical radiculopathy. The patient's diagnoses include the following: Right trap strain Right forearm tendonitis The utilization review determination being challenged is dated 11/18/14. There were two treatment reports provided from 09/18/14 and 11/11/14 which were both hand-written and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 right trap strain and right forearm tendonitis. The request is for MRI Cervical Spine. The rationale is that "there was no comprehensive physical examination of the cervical spine in the most recent report that includes a complete neurosensory examination of the upper extremities. There was also no indication that plain radiographs were performed prior to this MRI request to initially evaluate the neck pain of this patient." 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, and Neck pain with radiculopathy if severe or progressive neurologic deficit" There is no record of any prior MRI of the cervical spine in the documentation provided. The reason for the request was not provided. In this case, the patient has cervical radiculopathy, a decreased cervical spine range of motion, and a stiff cervical spine. He has had cervical spine pain as early as 09/18/14. The patient presents with radiating symptoms which is neurologic symptom indicated by ODG guidelines. Therefore, the requested MRI of the cervical spine is medically necessary.