

Case Number:	CM14-0199088		
Date Assigned:	12/09/2014	Date of Injury:	10/26/2012
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
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 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 the date of injury of October 26, 2012. A utilization review determination dated November 17, 2014 recommends noncertification of an MRI of the cervical spine. Noncertification was recommended due to a lack of documentation of radiculopathy or other progressive neurologic condition and no plan for an invasive procedure. A progress report dated December 10, 2014 identifies subjective complaints indicating that the patient completed chiropractic care which provided some relief to the shoulders and low back pain. Physical examination reveals tenderness to palpation with guarding in the lumbar spine. Positive straight leg raise is noted with no documentation of pain, numbness, or weakness in a myotomal/dermatomal distribution. Cervical spine reveals tenderness to palpation with spasm. Diagnoses include a right shoulder impingement, right elbow pain, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, and (illegible). The treatment plan recommends a cervical spine MRI. Additionally, a surgical consultation is requested. The treatment plan recommends continuing a home exercise program and includes therapy goals. A progress report dated August 22, 2013 includes subjective complaints of right wrist pain with tingling and numbness over the right wrist and index finger. The note states that the patient underwent EMG/NCS which was normal and has undergone a cervical epidural steroid injection. The note reports numerous imaging studies and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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. 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 there is no recent documentation of neurologic complaints or deficits or failure of conservative treatment directed toward the neurologic complaints for at least 3 months. Additionally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical imaging/electrodiagnostic studies. In the absence of such documentation the requested cervical MRI is not medically necessary.