

Case Number:	CM14-0201239		
Date Assigned:	01/13/2015	Date of Injury:	04/07/2014
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 51 year old female with an injury date of 04/07/14. Based on the progress report dated 11/03/14, the patient complains of ongoing pain in the neck that radiates to left upper extremity including the left hand. The patient also has lower back pain radiating down her lower extremities and to the left side of the lower abdomen. The pain is aggravated by physical activity. Physical examination reveals tenderness in cervical spine, cervical paraspinal musculature, lumbar spine, and the lumbosacral region, along with myofascial tightness. The range of motion is painful in both cervical and lumbar spine. Progress report dated 10/20/14 reveals positive straight leg raise on the left along with positive Tinel's test and Phalen's sign. In progress report dated 10/06/14, the patient rates her pain as 8/10 with medications. The patient received acupuncture treatment which provided only temporary relief, as per progress report dated 11/03/14. She is using Tramadol for pain relief, and has been encouraged to follow a home exercise regimen, as per the same progress report. She has also benefited from TENS unit and physical therapy, as per progress report dated 07/07/14. The patient has been allowed to return to work without restrictions, as per progress report dated 11/03/14. Diagnoses, 11/03/14:- Cervical and lumbosacral sprain/strain injury- Myofascial pain syndrome- Possible cervical radiculopathy versus peripheral neuropathy- Left wrist hand sprain/strain injury The treater is requesting for MRI OF THE CERVICAL. The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 04/07/14 - 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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 presents with ongoing pain in the neck that radiates to left upper extremity including the left hand, and lower back pain radiating down her lower extremities and to the left side of the lower abdomen, as per progress report dated 11/03/14. The request is for MRI OF THE CERVICAL. 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 In this case, the available progress reports do not discuss or document a prior MRI of the cervical spine. However, several requests for the procedure were made at least since 07/11/14. In progress report dated 11/03/14, the treater states that the patient has ongoing cervical pain that is worsening and conservative treatments such as acupuncture have not provided long-term relief. The chronic pain with possible radiculopathy has been rated at 8/10 in progress report dated 10/06/14. An MRI may help the physician develop a treatment protocol that helps manage the patient's symptoms more effectively. The request appears reasonable at this stage and IS medically necessary.