

Case Number:	CM14-0206037		
Date Assigned:	12/18/2014	Date of Injury:	07/06/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female with an injury date of 07/06/12. Based on the 11/11/14 progress report provided by treating physician, the patient complains of neck pain radiating to upper extremities. The patient is status-post right shoulder surgery 06/13 and left shoulder surgery 03/14. Physical examination of the spine revealed tenderness to palpation to the trapezius and right scalenes. Physical examination of the shoulder revealed tenderness to palpation to the biceps groove and subdeltoid bursa. Physical examination of the elbow revealed tenderness to palpation to the lateral epicondyle and medial epicondyle. Range of motion was decreased. Patient finds that if she does HEP, the wrist pain increases. Patient has had 3 sessions of acupuncture but quit because it caused more upper arm aching. Patient's current medications include Cellcept, Metoprolol and Prograft. Per treater's report dated 11/05/14, the patient is temporarily totally disabled. Diagnosis (11/11/14)- Cervical spinal stenosis - likely- Thoracic outlet syndrome (Bilateral)- Rotator cuff tear (Right)- Myofascial pain syndrome- Medial epicondylitis (Bilateral)- Lateral epicondylitis (Bilateral). The utilization review determination being challenged is dated 12/03/14. The rationale follows: "does not reflect any objective evidence of progressive neurological dysfunction in the cervical region or cervical radiculopathy." Treatment reports were provided from 09/24/14 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: The patient presents with neck pain radiating to upper extremities. The request is for MRI OF CERVICAL WITHOUT CONTRAST. Patient finds that if she does HEP, the wrist pain increases. Patient has had 3 sessions of acupuncture but quit because it caused more upper arm aching. Patient's current medications include Cellcept, Metoprolol and Prograft. Patient is temporarily totally disabled. 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." Per progress report dated 11/11/14, treater's reason for the request is to rule out cervical stenosis. Based on medical records, MRI of the cervical spine has not been done previously. And the patient presents with radiating symptoms which is neurologic symptom for which an MRI is supported by guidelines after failure of conservative care. Therefore, the request IS medically necessary.