

Case Number:	CM14-0207258		
Date Assigned:	12/19/2014	Date of Injury:	09/17/2006
Decision Date:	02/13/2015	UR Denial Date:	11/23/2014
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. 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 47 year old female with an injury date of 09/17/06. Based on the 09/11/14 progress report, the patient complains of bilateral shoulder pain which she rates as an 8/10, cervical spine pain which she rates as a 9/10, and low back pain which radiates to her bilateral legs (rated as a 9/10). The cervical spine has a limited range of motion, there is paraspinal tenderness with paraspinal spasms, a positive Spurling's test, and a positive foraminal compression test. In regards to the lumbar spine, there is tenderness to palpation in the paraspinal musculature with a positive straight leg raise at 75 degrees, hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome distribution, and weakness in the big toe dorsiflexor and big toe plantar flexor. For the right and left wrist, there is positive Tinel's and Phalen's sign over the carpal tunnel region. There is triggering of the fourth digit of the right hand and left thumb. The 10/23/14 report states that the patient continues to have bilateral shoulder pain which radiates to her bilateral arms with burning and throbbing sensation. She also has neck pain, upper back pain, low back pain, and bilateral hips pain. The patient's diagnoses include the following: 1) cervical spine sprain/strain rule out herniated cervical disc with radiculitis/radiculopathy 2) right shoulder sprain/strain rule out tendinitis, impingement, cuff tear, internal derangement 3) right elbow sprain/strain rule out lateral epicondylitis 4) right wrist sprain/strain rule out internal derangement 5) left/right hand sprain/strain rule out tendinitis, carpal tunnel syndrome 6) left shoulder sprain/strain rule out tendinitis, impingement 7) lumbar spine sprain/strain rule out herniated lumbar disc with radiculitis/radiculopathy 8) right/ left knee sprain/strain rule out internal derangement The utilization review determination being challenged is dated 11/23/14. There were three treatment reports provided from 09/11/14, 10/23/14, and 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 bilateral shoulder pain which radiates to her bilateral arms, neck pain, upper back pain, low back pain, and bilateral hips pain. The request is for an MRI of the Cervical Spine to establish the presence of disc pathology. 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; - 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 cervical spine has a limited range of motion, there is paraspinal tenderness with paraspinal spasms, a positive Spurling's test, and a positive foraminal compression test. There is documentation of radicular pain from the cervical spine and given no prior MRI, the request appears reasonable. Examination showed positive Spurling's as well. The request is medically necessary.