

Case Number:	CM14-0207308		
Date Assigned:	12/19/2014	Date of Injury:	08/17/2002
Decision Date:	02/10/2015	UR Denial Date:	11/14/2014
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 Internal 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:

The injured worker (IW) is a 43-year-old woman with a date of injury of August 17, 2002. The mechanism of injury occurred as a result of a slip while helping a patient while working as a health care center. The injured worker's working diagnoses are lumbago; pain in joint of pelvic region and thigh; arthropathy, not otherwise specified of lower leg; and pain in joint of ankle and foot. Pursuant to the progress note dated November 7, 2014, the IW complains of neck pain, right upper extremity pain, and right shoulder pain. Pain is rated 5/10. The pain is characterized by aching, sharp, and stabbing. The pain radiates to the right arm, right wrist, and right hand. The IW reports that with current medication regimen, pain is adequately managed. The IW has been prescribed Norco 10/325mg for several months, however, she did not test positive in the last two urine toxicology screens. The IW was informed that she would no longer be prescribed narcotics. This is according to the November 7, 2014 progress note. Examination of the cervical spine reveals restricted range of motion with flexion to 20 degrees, extension to 20 degrees, lateral rotation to the right to 45 degrees, and lateral rotation to the left to 45 degrees. The provider reports that the IW received conservative treatment to her cervical spine without significant improvement. Documentation of specific conservative treatment was not detailed in the medical record. There were no physical therapy notes in the medical record. There were no plain radiographs of the cervical spine in the medical record. The current request is for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the cervical spine without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI to the cervical spine without contrast is not medically necessary. MRIs are not indicated for patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting signs, have no cervical tenderness, and have no neurologic findings. Patients who do not fall into this category should have 3 view cervical radiographs followed by CAT scan. Indications for Magnetic Resonance Imaging are enumerated in the Official Disability Guidelines. For chronic neck pain after three months of conservative treatment, radiographs normal, neurologic signs or symptoms and MRI is indicated; chronic pain with radiculopathy severe or progressive neurologic deficit; etc. See guidelines for details. In this case, the injured worker was a 42-year-old woman with a date of injury August 17, 2002. The date of injury is approximately 12 years old. Documentation from a September 4, 2014 progress note indicates the patient was complaining of neck pain, right shoulder, right elbow and left knee pain. Physical examination of the neck showed no deformities or abnormal posture on inspection. There was no additional physical examination present in September 2014 progress note. The shoulder examination was focused with tenderness to palpation at the acromioclavicular joint with painful range of motion to flexion and abduction. Motor examination (neurologically) addressed shoulder flexor muscle groups 4/5 on the right and 4/5 on the left. Sensory examination showed hyperesthesias over the medial forearm, lateral forearm on the right side. The injured worker's working diagnoses were lumbago; pain in joint of pelvic region; arthropathy not otherwise specified of lower leg; and pain in the joint of ankle and foot. There were no diagnoses referencing the cervical spine. In a progress note dated November 7, 2014, the injured worker had complaints of neck pain, right extremity pain and right shoulder pain. The physical examination was unchanged from September 4, 2014 progress note. The diagnoses in the November 7, 2014 progress note remained unchanged. The medical records do not contain documentation of prior physical therapy of the cervical spine. Physical therapy was addressed to the shoulders. There are no physical therapy notes or any other clinical documentation to support conservative treatment modalities to the cervical spine. The only mention of physical therapy was the appeals letter subsequent to the denial. Again, the date of injury was August 17, 2002, approximately 12 years prior. Additionally, the November 7, 2014 progress note has an entry on page 3 regarding an inconsistent urine drug screen that did not contain a prescribed medication, Norco. Narcotics were no longer prescribed for the worker. The guidelines recommend: After three months of conservative treatment for chronic pain with normal radiographs with neurologic signs and symptoms an MRI is indicated. There were no plain radiographs in the medical record and the injured worker did not receive three months of conservative treatment (i.e. physical therapy). There is conflicting information in the medical record indicating whether the injured worker received physical therapy to the cervical spine. The introduction in the Appeals letter states physical therapy was directed to the shoulder. The discussion section states the injured worker

received physical therapy to the cervical spine. Also, there were no significant new neurologic findings present. Consequently, absent the appropriate clinical documentation, clinical Indication/rationale for a cervical MRI, in addition to not meeting the Official Disability Guidelines for cervical spine MRI, MRI of the cervical spine without contrast is not medically necessary.