

Case Number:	CM14-0022306		
Date Assigned:	05/09/2014	Date of Injury:	03/29/2009
Decision Date:	03/13/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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: Family Practice

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 is a 47-year-old female who reported an injury on 03/29/2009. The mechanism of injury reportedly occurred to the left thumb after pulling linen off a cart; the injured worker heard a pop in the thumb. She was diagnosed with cervical discopathy and spondylosis, C5-6 and C6-7. Other therapies were noted to include medications, surgery, and physical therapy. On 12/18/2013, the injured worker reported chronic pain. She reported neck, shoulder, arm, wrist, and hand pain affecting her left upper extremity. The injured worker reported she was no longer in physical therapy, but she did report doing home exercises that the physical therapist had shown her. Upon physical examination, she was noted to have significantly restricted active and passive range of motion in abduction and flexion. Internal and external rotation were noted to be 0 degrees. Examination of the left wrist and hand was noted to reveal flexion of the left wrist as 45 degrees, 45 degrees of extension, and radial and ulnar deviation within normal limits. It was noted there appeared to be some stiffness of the interphalangeal joints and perhaps the metacarpophalangeal joints versus active resistance. Her current medications were noted to include Gabapentin 300 mg 3 times a day, cyclobenzaprine 5 mg at night, and acetaminophen 500 mg once a day. The treatment plan included a recommendation for chronic pain treatment program, cervical spine MRI, left shoulder MRI, and a followup appointment as needed. A request was submitted for MRI of the cervical spine without contrast; however, the rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Neck & Upper back, Magnetic resonance imaging (MRI).

Decision rationale: The request for MRI of the cervical spine without contrast is not medically necessary. The California MTUS/ACOEM Guidelines state that, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the Official Disability Guidelines recommend MRIs for chronic neck pain after 3 months of conservative treatment, suspected cervical spine trauma, known cervical trauma, or upper back/thoracic spine trauma with neurological deficits, with requirement of radiographs prior to requesting magnetic resonance imaging. The clinical documentation does indicate that the injured worker has tried conservative care such as physical therapy. However, there is no evidence provided of severe or progressive neurological deficits. Additionally, there was no documentation of previous x-rays performed. Given the above information, the request is not supported by the guidelines. As such, the request for MRI of the cervical spine without contrast is not medically necessary.