

Case Number:	CM14-0085189		
Date Assigned:	03/27/2015	Date of Injury:	07/09/2008
Decision Date:	05/01/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 injured worker is a 49 year old female, who sustained an industrial injury on 7/9/08. The injured worker has complaints of pain within the cervical region with radiation into the right upper kinetic chain with associated numbness/tingling to the fingertips and pain within the right gleno-humeral region. The diagnoses have included late effects of a cervical and right shoulder sprain, cervical neuritis and depression/anxiety. The documentation noted that the injured worker attempted home care as prescribed in the form of ice, stretching, rest and bio-freeze, however did not decrease her flare-ups. She has not had chiropractic treatments since December 2012. The requested treatment is for Magnetic Resonance Imaging (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:

MRI of cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-8.

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 neck and upper back (acute and chronic) chapter, magnetic resonance imaging.

Decision rationale: The patient was injured on 07/09/08 and presents with pain within the cervical region with radiation into the right upper kinetic chain with associated numbness/tingling to the fingertips and pain within the right gleno-humeral region. The request is for a MRI of the cervical spine. The utilization review denial rationale is that the patient has "cervicobrachial symptoms however there is lack of sufficient documented evidence of cervical radiculopathy to clinically justify a cervical MRI." The RFA is not provided and the patient is to return to modified work on 11/02/10. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Regarding MRI, uncomplicated neck pain, chronic neck pain, ACOEM chapter 8 page 177 to 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 a 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 and chronic) chapter, magnetic resonance imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months conservative treatment), radiographs are 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. There is decreased range of motion in both the cervical and lumbar spine. There is positive cervical tenderness and paraspinous muscle spasming. There is trapezial tenderness and spasming. The patient is diagnosed with cervical anterior segmental dysfunction, cervical strain/sprain, thoracic strain/sprain, and right shoulder chronic strain/sprain. Given that the patient continues to have chronic cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. The requested MRI of the cervical spine IS medically necessary.