

Case Number:	CM15-0144189		
Date Assigned:	08/05/2015	Date of Injury:	11/12/2013
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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 42 year old female who sustained an industrial injury on 11-12-2013. She was lifting a container filled with merchandise and felt a crack in her left shoulder. She has reported injury to the cervical spine and left shoulder and has been diagnosed with sprain shoulder-arm not otherwise specified- Rhomboids left, myofascial pain syndrome, cervical sprain strain, and sprain thoracic region. Treatment has included medications, physical therapy, exercise, trigger point injections, acupuncture, chiropractic care, and TENS. Range of motion of the cervical spine was full but guarded and painful. On examination of paravertebral muscles, spasm and tenderness was noted on both the sides. Spurling's maneuver, on the left side, caused pain in the muscles of the neck but no radicular symptoms to the left scapular. The left shoulder noted movements to be restricted with flexion limited to 20 degrees, abduction limited to 140 degrees and internal rotation behind body limited to 80 degrees but normal external rotation. Neer test was positive. On palpation, tenderness was noted in the trapezius. The treatment plan included a home exercise program and MRI of the neck. The treatment request included a MRI scan with and without contrast 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 with and without contrast, cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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 and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 11/12/13 and presents with pain in her cervical spine and left shoulder. The request is for a MRI WITH AND WITHOUT CONTRAST OF THE CERVICAL SPINE to evaluate discogenic changes to explain her neck pain. The utilization review denial rationale is that "there are no progressive focal neurological deficits." The RFA is provided; however, it is not dated. As of 03/17/15, the patient is "unable to work and is medically temporarily totally disabled." Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations 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 imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient has a painful range of motion, spasm/tenderness on both sides, and Spurling's maneuver on the left side causes pain in the muscles of the neck. She is diagnosed with sprain shoulder-arm not otherwise specified- Rhomboids left, myofascial pain syndrome, cervical sprain strain, and sprain thoracic region. Treatment to date includes medications, physical therapy, exercise, trigger point injections, acupuncture, chiropractic care, and TENS. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Given that the patient continues to have cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary.