

Case Number:	CM15-0169487		
Date Assigned:	09/10/2015	Date of Injury:	10/08/2014
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, 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 52 year old who sustained an industrial injury on 10-08-2014. Mechanism of injury was cumulative trauma. Diagnoses include cervical spine strain-sprain rule out herniated cervical disc with radiculitis-radiculopathy, left shoulder strain-sprain, rule out tendinitis, impingement, rotator cuff tear, left wrist strain-sprain rule out carpal tunnel syndrome, headaches, anxiety and depression and insomnia. A physician progress note dated 07-15-2015 documents the injured worker has complaints of constant pain in her neck, left shoulder and left hand and wrist. She rates her pain at 7 out of 10 on the Visual Analog Scale. She also complains of insomnia, numbness, tingling and symptoms of anxiety and depression. She relies on her medications for pain and symptomatic relief. She has cervical spine tightness, spasm, muscle guarding at the trapezius, sternocleidomastoid and strap muscles bilaterally. Cervical spine range of motion is restricted. There is positive Spurling's test bilaterally and positive foramina compression test. She has tenderness to the left shoulder greater tuberosities, and there is subacromial grinding and clicking. She has tenderness of the rotator cuff muscle and of the supraspinatus and infraspinatus. There is a positive impingement. Shoulder range of motion is restricted. Her left wrist range of motion is restricted and there is a positive for Tinel's and Phalen's test and she rates her wrist pain as 5 out of 10 on the pain scale. Mediations include Ultram, Fexmid and topical creams. Treatment to date has included diagnostic studies, chiropractic sessions, acupuncture, and medications. On 08-13-2015 the Utilization Review non-certified the requested treatment of a Magnetic Resonance Imaging of the cervical spine, as records reviewed indicate that a Magnetic Resonance Imaging of the cervical spine was already

done but was not formally available for review. The injured worker has continued complaints of upper extremity and neck related complains without documentation of previous imaging there is no current indication of significant change in claimant's symptoms or progressive neurologic findings that would support the role of repeat testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, there are nerve root findings on compression. The physician wished to evaluate for disc pathology prior to considering further intervention. The request for an MRI is appropriate and therefore is medically necessary.