

Case Number:	CM15-0191333		
Date Assigned:	10/05/2015	Date of Injury:	01/24/2000
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old female who sustained an industrial injury January 24, 2000. Treatment to date included physical therapy, acupuncture, chiropractic treatment (all provided relief), cortisone injection, epidural steroid injection to the neck and shoulder and underwent surgeries for brachial plexus February 17, 2015, and neurapraxia including anterior-posterior C3-C4 fusion, 2003, and shoulder surgery (unspecified). According to a primary treating physician's handwritten notes dated August 18, 2015, the injured worker presented with complaints of cervical spine pain with left arm radiculopathy; reported skin temperature changes in the left arm and weakness. The physician documented she ended therapy recently (unspecified) and starts acupuncture the day of this visit. Objective findings revealed; right hand dominant; tenderness to palpation of the cervical spine and left hand-arm weaker than right 3 out of 5. Diagnoses are cervical spine myalgia with upper extremity radiculopathy; thoracic outlet syndrome; lumbar spine myalgia; bilateral knee internal derangement. The physician documented they had received a denial for previously requested CT of the cervical spine, x-rays, MRI and electrodiagnostic studies. At issue, is a request for authorization dated August 18, 2015, for an MRI of the cervical spine. According to utilization review decision dated September 16, 2015, the request for MRI of the cervical spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on January 24, 2000. The medical records provided indicate the diagnosis of cervical spine myalgia with upper extremity radiculopathy; thoracic outlet syndrome; lumbar spine myalgia; bilateral knee internal derangement. Treatments have included physical therapy, acupuncture, chiropractic treatment (all provided relief), cortisone injection, epidural steroid injection to the neck and shoulder and underwent surgeries for brachial plexus. The medical records provided for review do indicate a medical necessity for MRI of the cervical spine. The physical examination indicates the injured worker has restricted cervical range of motion, positive compression test, decreased muscle strength and muscle spasms. Also, the neurological examination of the upper limbs revealed decreased muscle strength and diminished sensation. Although the MTUS does not recommend overreliance on imaging, the MTUS recommends imaging in cases with unequivocal finding of neurological deficit. The Official Disability Guidelines recommends against repeat MRI except in cases with a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Therefore, the MRI is medically necessary.