

Case Number:	CM15-0192251		
Date Assigned:	10/06/2015	Date of Injury:	01/23/2014
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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 38-year-old female who sustained an industrial injury on 01-23-2014. According to a progress report dated 09-04-2015, the injured worker reported right elbow pain. Pain radiated to the neck, left shoulder, right shoulder, left arm, right arm, left elbow, right elbow, left wrist, right wrist, left hand and right hand. Pain was described as moderate and severe. Condition was associated with joint swelling, loss of function of affected areas, loss of sensation of affected areas, numbness, swelling, tingling and weakness. Acupuncture was effective. Sleep was decreased due to difficulty in falling asleep and staying asleep. Quality of sleep was poor. She also reported headache to the occipital and frontal region. She had been experiencing depressive symptoms. Current medications included Lyrica and Percocet. Examination of the cervical spine demonstrated tenderness on the right side and at the trapezius. No deformities or abnormal posture was noted on inspection. Power of biceps was 4 out of 5 on the right and 5 out of 5 on the left. Triceps was 4 out of 5 on the right and 5 out of 5 on the left. Grip was 4 out of 5 on the right and 5 out of 5 on the left. Wrist flexors were 3 out of 5 on the right and 5 out of 5 on the left. Wrist extensors were 3 out of 5 on the right and 5 out of 5 on the left. Light touch sensation was decreased over medial hand, lateral hand, medial forearm, lateral forearm on the right side. Hyperparesthesia was noted over the medial hand, lateral hand medial forearm and lateral forearm on the right side. Diagnoses included pain in joint of hand, reflex sympathetic dystrophy of upper limb and chronic pain syndrome. Prescriptions were written for Lyrica and Percocet. The injured worker was approved for a functional restoration program. A cervical MRI was ordered for radiculopathy symptoms to both upper extremities. The treatment plan also included massage therapy. On 09-17-2015, Utilization Review non-certified the request for 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: Upheld

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: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies, not provided here. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific correlating clinical findings to support this imaging study as the patient has diffuse non-myotomal and dermatomal neurological deficit in bilateral upper extremities without noted cervical radicular symptoms. There is also no documented failed conservative treatment with PT and pharmacology as the patient has request for continued physical massage therapy approved. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of cervical spine is not medically necessary and appropriate.