

Case Number:	CM15-0055199		
Date Assigned:	03/30/2015	Date of Injury:	01/06/2015
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 54 year old male, who sustained an industrial injury on 01/06/2015. Currently, the injured worker complains of neck pain that radiates to the left trapezius, left upper arm, left forearm and left hand. Symptoms were worsening. Associated symptoms included headache, decreased neck range of motion, neck muscle spasm, neck stiffness, upper extremity paresthesias and upper extremity weakness. Relieving factors included non-steroidal anti-inflammatory drugs, opioid analgesics and physical therapy. Diagnoses included cervical disc herniation, cervical disc syndrome, cervical strain acute, muscle strain of the left shoulder and concussion. Treatment plan included medications and MRI.

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 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 (ODG).

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 01/06/15 and presents with neck pain that radiates to the left trapezius, left upper arm, left forearm and left hand. The request is for a MRI with and without contrast of the cervical spine. The utilization review denial rationale is that "there were no neurological deficit findings for deep tendon reflex, motor, or sensory in any myotome or dermatome to support an MRI." The RFA is dated 02/26/15 and the patient's work status is not provided. Review of the reports provided does not indicate if the patient 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. The reason for the request is not provided. The patient presents with neck pain with radiating symptoms into the left arm. Exam was unremarkable other than tenderness to palpation. ODG supports MRI for neurological signs and/or symptoms. Given the patient's radicular symptoms, a neurologic symptom, and failure to improve with conservative care for more than several months, an MRI appears reasonable and consistent with ODG. The request is medically necessary.