

Case Number:	CM15-0058118		
Date Assigned:	04/02/2015	Date of Injury:	10/29/2012
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on 10/29/2012. The injured worker was diagnosed as having post-traumatic right brachial plexopathy, major depressive disorder, and possible right cervical and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbar spine, and medications. Currently, the injured worker complains of increasing neck and right shoulder pain, and numbness to the right upper extremity. She had returned to work and had a depressed affect. Tenderness was noted to the right scalene and right pectoralis minor. Positive costoclavicular abduction and right Roos tests were noted. Right upper extremity weakness was noted by [REDACTED], with diffuse hypoesthesia to pinwheel testing. Current medication regime was not noted. The treatment plan included cervical magnetic resonance imaging.

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 ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are posttraumatic right brachial plexopathy; possible right cervical radiculopathy; possible right lumbar radiculopathy; and major depressive disorder. Subjectively, according to a January 27, 2015 progress note, the injured worker has increasing the right shoulder pain with residual lumbar spine discomfort. Objectively, the treating provider addresses the right scalene and right pectoralis minor with minor tenderness, right brachial plexus tincl, Positive, costo- clavicular abduction test, and right Roos test. There is right upper extremity weakness with diffuse hypoesthesia to pinwheel testing. There is no neck/cervical physical examination in the medical record. There are no red flags in the medical record. In an August 9, 2013 progress note, the injured worker was deemed not to be a surgical candidate. In a March 2013 progress note the documentation indicates the injured worker received chiropractic treatment and physical therapy with temporary relief. There are no plain cervical x-rays in the medical record. Consequently, absent clinical documentation with cervical spine radiographs, a neurologic physical examination, evidence of tissue insult with nerve impairment with emergence of a red flag, MRI cervical spine is not medically necessary.