

Case Number:	CM15-0086533		
Date Assigned:	05/08/2015	Date of Injury:	05/22/2014
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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 33-year-old female who sustained an industrial injury on 05/22/2014. Current diagnoses include cervicobrachial syndrome, shoulder/arm sprain/strain, myofascial pain, and chronic pain syndrome. Previous treatments included medication management, cognitive behavioral therapy, TENS unit, Thera cane, occupational therapy, and physical therapy. Previous diagnostic studies include an EMG (07/27/2014). Report dated 04/09/2015 noted that the injured worker presented with complaints that included bilateral shoulder pain with numbness in the elbows, forearms, and hands. Pain level was 3 out of 10 (current), 1 out of 10 (least), 3 out of 10 (average), and 3 out of 10 (after taking opioid) on a visual analog scale (VAS). Current medication includes Neurontin, Tylenol ES, and Relafen. Physical examination was positive for tenderness in the cervical and trapezius area with trigger points, positive hyperabduction with numbness in the hands, and decreased sensation in the fourth and fifth digits bilaterally. The treatment plan included appealing UR denial for acupuncture, proceed with cognitive behavioral therapy, request for increased dose of Neurontin, request to continue Tylenol and Relafen, and request MRI to rule out nerve impingement. Disputed treatments include an MRI of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of neck: Overturned

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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter, magnetic resonance imaging.

Decision rationale: The patient was injured on 05/22/14 and presents with bilateral shoulder pain with numbness in the elbows, forearms, and hands. The request is for a MRI OF THE NECK to rule out nerve impingement. The utilization review determination did not provide a rationale. There is no RFA provided and the patient returned to "modified work duty on 03/10/15 with the following restrictions for 45 days: limit typing to 2 hours per day with a 30 minute break after 30 minutes of typing." Review of the reports provided does not indicate if the patient had a prior MRI of the neck. Regarding MRI, uncomplicated neck and back, chronic neck pain, ACOEM chapter 8 page 177-178 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 imaging 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 of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient is diagnosed with cervicobrachial syndrome, shoulder/arm sprain/strain, myofascial pain, and chronic pain syndrome. There is tenderness in the cervical paraspinals and trapezius with trigger points in the superior trapezius with twitch response. The patient has positive hyperabduction with numbness in the hands especially with the little finger and decreased sensation in the fourth and fifth digits bilaterally. The 04/13/15 report states that the treater would like a MRI of the neck to rule out nerve impingement. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Treatment to date has included medication management, cognitive behavioral therapy, TENS unit, Thera cane, occupational therapy, and physical therapy. Given that the patient continues to have chronic cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary. The patient is diagnosed with cervicobrachial syndrome, shoulder/arm sprain/strain, myofascial pain, and chronic pain syndrome. There is tenderness in the cervical paraspinals and trapezius with trigger points in the superior trapezius with twitch response. The patient has positive hyperabduction with numbness in the hands especially with the little finger and decreased sensation in the fourth and fifth digits bilaterally. The 04/13/15 report states that the treater would like a MRI of the neck to rule out nerve impingement. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Treatment to date has included medication management, cognitive behavioral therapy, TENS unit, Thera cane, occupational therapy, and physical therapy. Given that the patient continues to have chronic cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary.