

Case Number:	CM15-0087916		
Date Assigned:	05/12/2015	Date of Injury:	04/29/2013
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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 36 year old male, who sustained an industrial injury on April 29, 2013. He reported neck pain, right shoulder pain, right upper back pain, right hand, finger, thumb and index finger pain, left hand and arm pain and bilateral foot pain. The injured worker was diagnosed as having Cervical spine sprain/strain with myofasciitis, right shoulder non-displaced anterosuperior labral tearing per magnetic resonance imaging (MRI) arthrogram in 2014, right hand paresthesia, negative electrodiagnostic studies in 2014, right hand, thumb, volar plate injury at the MCP joint with disruption of the check rein ligaments and strain of the extension pollicis brevis tendon, subtle partial tear and mild strain, thoracic/trapezius sprain/strain and bilateral plantar fasciitis. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, right shoulder pain, right upper back pain, right hand, finger, thumb and index finger pain, left hand and arm pain and bilateral foot pain with associated headaches with memory loss and right arm weakness, numbness and tingling. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted the electrodiagnostic studies were negative for carpal tunnel syndrome bilaterally. It was noted with the negative studies treatment with conservative therapies should be continued. He required medications to remain functional. Evaluation on November 14, 2014, revealed continued pain as noted. Surgical intervention of the shoulder was discussed after MRI confirmed a tear in the shoulder. It was noted he wished to proceed with surgical intervention secondary to not being able to work or have good life quality with the right shoulder pain. Evaluation on December 29, 2014, revealed continued pain. Carpal tunnel release and right shoulder surgery were recommended with post-operative physical therapy. A MRI scan of the cervical spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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, MRI'S.

Decision rationale: The patient presents on 04/03/15 with unrated neck pain, which radiates into the upper back and associated headaches. The patient's date of injury is 04/29/13. Patient has no documented surgical history directed at this complaint. The request is for MRI scan (cervical spine). The RFA is dated 04/16/15. Physical examination dated 04/03/15 reveals tenderness to palpation of the cervical spine bilaterally, right trapezius, and right levator scapulae. The patient is currently prescribed Ibuprofen. Diagnostic imaging was not included, though the documentation provided indicates that this patient underwent EMG/NCV study of the bilateral upper extremities on 09/09/14 with no pathological findings. The report of this diagnostic was not made available for review. Per 04/03/15 progress note, patient is classified as temporarily totally disabled until 05/15/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "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)." In this case, the provider is requesting what appears to be this patient's first cervical MRI to date. Unfortunately, this patient does not meet guideline criteria for such imaging. Progress note dated 04/03/15 does not include any findings of neurological deficit or progressive functional loss to substantiate imaging, only subjective complaints of radiating neck pain and tenderness to palpation in the cervical region. In addition, EMG/NCV study dated 09/09/14 did not show any radiculopathy in the upper extremities. Without documentation of neurological deficit in the upper extremities, or examination findings suggestive of radiculopathy, the requested cervical MRI cannot be substantiated. The request is not medically necessary.