

Case Number:	CM15-0236544		
Date Assigned:	12/11/2015	Date of Injury:	01/18/2013
Decision Date:	01/20/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 1-18-2013. Diagnoses include left shoulder bursitis and status post cervical fusion in 2009. Treatments to date include activity modification, physical therapy, cortisone injection, and medication therapy. Currently, she complained of ongoing left sided neck pain and stiffness with numbness and tingling radiating to left upper extremity, mid back pain and tightness, and left shoulder pain with popping and clicking. The physical examination documented decrease cervical range of motion. Radiographs obtained on this date of cervical spine revealed no acute significant findings, "however; there is no evidence of complete bridging or placement of the PEEK spacer." The plan of care included a cervical spine MRI and chiropractic therapy. The appeal requested authorization for a cervical spine MRI. The Utilization Review dated 12-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in January 2013 and was seen for an initial evaluation by the requesting provider in October 2015. She was having constant left-sided neck pain with stiffness and occasional numbness and tingling in her left upper extremity. She was having left rhomboid and trapezius area pain and tightness and constant left shoulder pain with popping and clicking. She was having difficulty sleeping due to pain which was rated at 3-7/10. She had a history of a C6/7 anterior cervical decompression and fusion in December 2009. Bilateral upper extremity electrodiagnostic testing in July 2013 had been normal. Physical examination findings included decreased cervical spine range of motion. There was muscle pain and tightness on the left greater than right side. Spurling's testing, cervical compression, and cervical distraction testing was negative. There was decreased left thumb extension strength. There was normal sensation. An x-ray of the cervical spine showed postoperative findings with good alignment and good disc height above the level of the fusion. Authorization was requested for chiropractic treatment. A trigger point injection was recommended. An MRI scan of the cervical spine was requested. For the evaluation of the patient with chronic neck pain, anteroposterior, lateral, and open mouth plain x-ray should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, the claimant has left cervical radicular symptoms and decreased left thumb extension strength which could be seen with a C8 radiculopathy. She has a history of cervical spine surgery at C5/6 and electrodiagnostic testing was negative for peripheral nerve entrapment. The requested cervical spine MRI is within accepted guideline recommendations and is considered medically necessary.