

Case Number:	CM14-0162575		
Date Assigned:	10/07/2014	Date of Injury:	07/11/2014
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a cumulative trauma injury from 10-1-2005 through 7-11-2014. She complains of bilateral shoulder pain, neck pain, low back pain, and bilateral wrist pain with numbness and tingling in the fingers. The last progress note available for review is from 9-23-2014. The physical exam reveals non-specific tenderness to the shoulders with diminished range of motion bilaterally, cervical facet and paraspinal muscle tenderness throughout with diminished range of motion, normal upper extremity strength, reflexes, and sensation, non-specific tenderness of the wrists with a positive Phallen's test, and diminished lumbar range of motion with tenderness to the facet joints and paraspinal musculature. The diagnoses were bilateral shoulder sprain/strain, cervical strain/sprain rule out radiculopathy, lumbar sprain/strain rule out radiculopathy, and bilateral wrist pain. The treating physician has ordered x-rays of the cervical, thoracic, and lumbar spine, and right wrist and an MRI scan of the cervical spine, lumbar spine, and right wrist. The records reviewed do not show results of or any reference to any completed imaging.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 4/14/14), Magnetic Resonance Imaging (MRI)

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 and Upper Back, Magnetic Resonance Imaging

Decision rationale: The Official Disability Guidelines criteria for MRI imaging of the cervical spine include:- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficitPer the American College of Occupational and Environmental Medicine, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study, such as an electromyogram. In this instance, there is no evidence that plain radiographs have been completed from the records submitted for review, although they appear to have been requested. The neurologic exam in the upper extremities is not consistent with a radiculopathy. Therefore, based on available records for review, MRI scan of the cervical spine is not medically necessary at this time per the referenced guidelines.