

Case Number:	CM14-0181225		
Date Assigned:	11/05/2014	Date of Injury:	04/21/2014
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine and is licensed to practice in California. 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 patient suffered his injury on 4/21/14 .On 9/3/14 he had an EMG done by a neurologist who diagnosed median nerve pathology consistent with carpal tunnel syndrome. He stated that he was unable to document more proximal cervical radiculopathy but that clinically the patient appeared to have a more proximal nerve irritation than was demonstrated by the EMG. On 9/26/14 he saw his PCP who noted right shoulder and neck pain, as well as intermittent upper arm numbness. The patient had been treated with physical therapy, Motrin, and Zanaflex. The exam had demonstrated a negative Spurling and negative Impingement tests. The M.D.s diagnoses were right shoulder and cervical pain. He wanted to continue to treat with acupuncture and requested an MRI of the cervical spine. However, the UR declined his 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 ACOEM Page(s): 162.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck chapter Page(s): 177-178.

Decision rationale: The MTUS states that most patients with true neck and upper back problems do well with conservative treatment within the first 3 to 4 weeks of injury and studies are not

needed unless "red flag "symptoms exist indicating such pathology as tumor, infection, or progressive neurological dysfunction. After this time period, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program to avoid surgery, or clarification of anatomy in preparation for surgery are all rationales for imaging studies such as MRI. Physiological evidence of neurological pathology may be provided by physical exam, EMG studies, or bone scans. Equivocal findings on physical exam may provide justification for further exams such as EMG, NCV, or sensory evoked potential studies. Consultation with a specialist in the field may be beneficial prior to ordering an MRI. Recent evidence seems to indicate that MRI's may not be able to pick up cervical annular disk tears. Also, MRI's may diagnosis a finding that existed prior to the injury being treated and result in false positives findings and cause diagnostic confusion. In the above patient, his symptoms have lasted more than the initial 4 weeks of watchful waiting and the Neurologist who did the EMG study felt that the clinical presentation favored proximal nerve involvement which could be diagnosed by cervical MRI. Therefore, the patient should be allowed to have the MRI done to rule out cervical nerve impingement and the request is medically necessary.