

Case Number:	CM14-0183376		
Date Assigned:	11/10/2014	Date of Injury:	10/17/2005
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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:

Injured worker is a female with date of injury 10/17/2005. Per physical medicine and rehabilitation new patient consultation dated 10/2/2014, the injured worker complains of migrainous headaches, neck pain, right shoulder pain and right upper extremity pain. She reports that her headaches occur right behind the right eye. She has a prodrome and aura. When she starts feeling pain behind the right eye, her headache is coming. She experiences this about three times a month and they can last up to two to three days if she does not use the medications and the headaches are incapacitating. She has photophobia and any sound bothers her. The headache is sharp, stabbing, mostly behind the right eye and the right side of her forehead. She has neck and right shoulder pain which averages 6/10 in intensity. She has pain everyday. When she uses gabapentin her pain is under control and she is able to sleep much better. She uses diclofenac 100 mg twice a day which has been helpful with her pain as well, with the pain level going down to 3-4/10. Whenever she uses the right hand and upper extremity her symptoms are worse. She cannot tell what sets off her migrainous headaches. She stopped working in 4/1006, but she is currently going to school, taking liberal studies. She walks a couple times a week for about 40 minutes. Examination of the cervical spine reveals diminished range of motion, particularly with extension and rotation. She was complaining of pain throughout the range of motion. She had palpatory tenderness mostly in the right side of the neck. Spurling signs and root tension signs are negative. The right shoulder range of motion increased her pain. Impingement maneuvers were generally giving her increased pain. Right upper extremity grip strength was weak at 12/13/13 kg compared to 44/46/48 kg on the left side using a grip strength dynamometer. She had positive Tinel's and Phalen's on the right side, but negative on the left side. Deep tendon reflexes were brisk and symmetric. Other than right grip strength weakness, there was no myotomal pattern deficit in motor strength noted. She had some sensory changes on her right

palm and the anterior forearm, otherwise no dermatomal sensory deficits were noted. She was able to walk on her heels and toes in tandem. Diagnoses include 1) chronic migrainous headaches, fairly well controlled with the use of medications 2) history of three right shoulder surgeries with the last revision 7/2011 3) chronic neck and right upper extremity pain 4) history of right carpal tunnel release 5/2007, persistent residual symptoms with weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single-positional MRI of the cervical spine between 10/2/2014 and 11/29/2014.: Upheld

Claims Administrator 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The requesting physician explains that he reviewed her MRI, but it was a neurogram of the brachial plexus in the shoulder region. A focused MRI of the cervical spine is desired to rule out disk herniation or stenosis that may explain her right upper extremity pain. The medical records do not indicate that the injured worker is experiencing upper extremity symptoms originating from the cervical spine. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 single-positional MRI of the cervical spine between 10/2/2014 and 11/29/2014 is determined to not be medically necessary.