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| Case Number: | CM14-0184490 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 06/08/2014 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 is a 46 year old with an injury date on 6/8/14. Patient complains of cervical pain (7/18/14 report), and pain from the top of left shoulder to his small/ring fingers, with associated numbness in the small and ring fingers per 8/18/14 report. Patient also has pain that "feels like shocks down his arm" rated 4-5/10 per 8/18/14 report. Based on the 8/18/14 progress report provided by the treating physician, the diagnosis is ulnar neuropathic brachial plexus. Exam on 8/18/14 showed "range of motion of C-spine reduced, with extension at 15 degrees." Range of motion testing for the Patient's treatment history includes rest, ice, NSAIDs, and physical therapy. The treating physician is requesting MRI cervical spine. The utilization review determination being challenged is dated 10/28/14 and denies request due to lack of documentation of prior X-rays. The requesting physician provided treatment reports from 6/9/14 to 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

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

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) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: This patient presents with neck pain, left shoulder pain, left arm pain, and pain in his small and ring fingers. The treater has asked for MRI Cervical Spine on 8/18/14. Review of the reports do not show any evidence of cervical MRIs being done in the past. ACOEM guidelines support specialized studies for red flags, physiologic evidence of tissue insult or neurologic dysfunction. ODG guidelines support MRI's for neurologic signs or symptoms that have not improved with conservative care. In this case, the treater has asked for MRI of the cervical spine to determine the source of the patient's persistent cervical pain and left upper extremity radiating symptoms. These are neurologic symptoms and an MRI would reasonable therefore request is medically necessary.