

Case Number:	CM14-0094383		
Date Assigned:	07/25/2014	Date of Injury:	09/17/2006
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 47-year-old female who has submitted a claim for cervical sprain with radiculopathy, right shoulder sprain, left shoulder sprain, lumbar sprain with radiculopathy, anxiety, depression, and insomnia associated with an industrial injury date of 9/17/2006. Medical records from the 2013 to 2014 were reviewed. Patient complained of neck pain. Patient likewise experienced pain at the low back, shoulders, wrists and hands. Physical examination showed tenderness and spasms at the paracervical muscles. Range of motion of both shoulders was restricted and painful. Impingement test was positive. Treatment to date has included surgical neuroplasty and bilateral decompression from C3 to C6, facet blocks, radiofrequency ablation on C4 to C6, physical therapy, and medications. The utilization review from 6/5/2014 denied the request for MRI of the cervical spine because there was no documentation of upper extremity reflex changes, sensory deficit, or weakness that would indicate the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 (ODG) - Online Version, Electrodiagnostic Studies (EDS), MRI, TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS ACOEM guidelines support imaging studies in the presence of red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure; and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of neck pain corroborated by tenderness and muscle spasms. However, there was no record of a comprehensive physical examination available to support the present request. There is likewise no documented indication for performing MRI. The medical necessity cannot be established based on the information available. Therefore, the request for MRI of the cervical spine is not medically necessary.