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| Case Number: | CM14-0191357 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 04/24/2013 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Pain Management 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 60 year old male with an injury date of 04/24/14. Based on the 07/21/14 progress report provided by treating physician, the patient complains of neck pain that radiates to right shoulder, mid upper arm and hand with numbness and tingling. Physical examination to the cervical spine revealed range of motion to be painful in all planes. Patient underwent therapy twice a week addressing his hands for 6 weeks that was slightly helpful. Patient's medications include Tramadol and Ibuprofen. Patient is not working. Provider is requesting MRI to rule out underlying pathology, pertaining to the patient's residual complaints and physical finding. MRI of the Cervical Spine 09/03/13- multilevel discogenic/degenerative changes, most pronounced at C4-5 and C5-6- mild acquired central stenosis due to disk osteophytes at C3-4, C4-5, C6-7- significant multilevel foraminal narrowing. Diagnosis 07/21/14- cervical spine strain, rule out cervical radiculopathy- rule out bilateral carpal tunnel syndrome- degenerative arthritis of both hands- right shoulder impingement syndrome, rule out rotator cuff tear. The utilization review determination being challenged is dated 11/05/14. Treatment reports were provided from 06/09/14 - 11/24/14.

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 (ODG), Neck and Upper Back , MRI

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 chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with neck pain that radiates to right shoulder, mid upper arm and hand with numbness and tingling. The request is for MRI of the cervical spine. Patient's diagnosis dated 07/21/14 included cervical spine strain, rule out cervical radiculopathy; rule out bilateral carpal tunnel syndrome; degenerative arthritis of both hands; and right shoulder impingement syndrome, rule out rotator cuff tear. Patient underwent therapy twice a week addressing his hands for 6 weeks that was slightly helpful. Patient's medications include Tramadol and Ibuprofen. Patient is not working. MRI of the Cervical Spine done on 09/03/13. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications list below. Indications for imaging --MRI (magnetic resonance imaging):- 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" Per progress report dated 07/21/14, provider is requesting MRI to rule out underlying pathology, pertaining to the patient's residual complaints and physical finding. Though this patient presents with radicular symptoms there is no evidence of progressive neurologic deficit to warrant an updated MRI. ODG does not support MRIs unless there are neurologic signs/symptoms. In this case, patient does not present with any red flags such as myelopathy, bowel/bladder symptoms and examination is unremarkable. The request is not medically necessary.