

Case Number:	CM14-0218720		
Date Assigned:	01/08/2015	Date of Injury:	06/24/2013
Decision Date:	05/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27 year old male who sustained a work related injury on 6/24/13. The injury occurred to the IW's shoulder from repetitive sprain/strain of neck while working as an outbound pallet builder. He lifted items from a conveyer weighing up to 65 pounds. The diagnoses were repetitive strain injury and myofascial pain syndrome. He has had flare ups and was unable to return to work due to severe pain and need to do a lot of overhead work. The IW's past history revealed a motor vehicle accident in 2012, resulting in pain in upper back and neck. According to the primary treating physician's progress report, dated 6/27/14, the injured worker presented with complaints of symptomatic neck pain and inability to work full time. Work status was temporary totally disabled. Physical exam reveals decreased cervical range of motion and myofascial trigger point in cervical paraspinal musculature. There was positive Tinel's and Phalen's test. The medications were Ibuprofen, flexeril and mobic. The IW was encouraged to exercise at no pain range and apply modality treatment as needed. According to the orthopedic evaluation of 9/3/14, the IW had chiropractic treatments with no lasting improvement. He continues to complain of pain in right neck, right shoulder intermittently with snapping in shoulder and occasional tingling in right arm. The cervical x-ray done on 7/2/13 revealed mild degenerative changes. He received a course of acupuncture which helped a lot. He did not have a formal course of physical therapy. He continued with medications. He returned to full work duty in June of 2014. According to the primary treating physician's progress report, dated 9/16/14, the IW had a flare up of pain and missed work the day before. He was using Ibuprofen and ran out of it. The IW received a prescription for Ibuprofen for the inflammation and work status was full

duty. The primary treating physician note dated 11/14/14 revealed ongoing pain in neck and right upper extremity that comes and goes. The pain is 7/10 today and he cannot work. There was cervical spine tenderness to palpation with myofascial tightness on right side. Spurling's is positive on the right. There is decreased range of motion with lateral flexion and rotation. Treatment was for Magnetic Resonance Imaging (MRI) of cervical spine due to ongoing pain in neck radiating to right upper extremity. The electromyogram bilateral upper extremities was denied. He was to continue with medications, home exercise and modalities as needed for pain. Past Treatment plans included Diagnostics, Medications, chiropractic treatments, and acupuncture treatments. Work status is documented as permanent and stationary. According to the utilization review performed on 12/2/14, the requested Magnetic Resonance Imaging (MRI) neck/spine without dye has been non-certified. The physician noted that guidelines support a Magnetic Resonance Imaging (MRI) when there is evidence of nerve root compression on exam. There was no nerve root compression documented. The MTUS was cited.

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.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate the criteria for ordering imaging studies includes the emergency of a red flag, physiologic evidence of tissue insult and neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide documentation of specific myotomal and dermatomal findings to support the necessity for an MRI of the cervical spine. The documentation indicated deep tendon reflexes were equal bilaterally, and the Spurling's was positive on the right and negative on the left. Additionally, there was a lack of documentation of a failed to progress in a strengthening program intended to avoid surgery. As there was a lack of documentation of specific myotomal or dermatomal findings, and documentation of a failure of a strengthening program, the request for MRI of the cervical spine is not medically necessary.