

Case Number:	CM15-0004810		
Date Assigned:	01/16/2015	Date of Injury:	08/27/2014
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii
 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 patient is a 61 year old female with date of injury 8/27/14, sustained when she was holding hands with a student who decided to skip the last two stairs and jump, causing her to pull back and injure herself. The treating physician report dated 12/4/14 (3B) indicates that the patient presents with pain affecting the neck and left shoulder. The physician notes that the patient has improved since her last exam. She received a left shoulder injection, which helped her pain and range of motion. The physical examination findings reveal there is spasm present in the paraspinal muscles along with tenderness to palpation. Further examination reveals a restricted range of motion as well as tenderness to pressure over the left knee joint. Prior treatment history includes physical therapy, a left shoulder injection, and prescribed medications. Patient's work status is modified work with the following restrictions: Avoid lifting over 20lbs, avoid heavy pushing and pulling over 20lbs, no repetitive squatting, no frequent kneeling, and no prolonged walking and standing. The current diagnoses are: 1. Cervical Radiculopathy 2. Internal Derangement of Knee Not Otherwise Specified. The utilization review report dated 12/15/14 (4A) denied the request for MRI of The Cervical Spine based on a lack of medical necessity.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Back, Magnetic Resonance Imaging

Decision rationale: The patient presents with pain affecting the neck and left shoulder. The current request is for MRI of The Cervical Spine. The treating physician report dated 12/4/14 (5B) states, "Patient is to undergo an MRI of the left knee and cervical spine to determine any pathologies." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Two previous treating physician reports dated 11/20/14 and 11/13/14 do not mention any pain radiating from neck nor is there any diagnosis of cervical radiculopathy. The requesting treating physician report does list cervical radiculopathy as a diagnosis but there is no discussion of any neurologic signs/symptoms during examination of the cervical spine. Examination also showed no deficit in any of the dermatomes of the upper extremities to pinprick or light touch and there were no signs of external trauma. In this case, there is no discussion of neck pain with radiation in any of the reports provided. Furthermore, the patient does not present with any neurologic signs/symptoms that would warrant an MRI of the cervical spine. The current request does not satisfy the ODG guidelines for an MRI as outlined in the neck and back chapter. Recommendation is for denial.