

Case Number:	CM15-0008585		
Date Assigned:	01/28/2015	Date of Injury:	12/29/2013
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42 year old female, who sustained an industrial injury on 12/29/2013. She has reported subsequent neck and right upper extremity pain and was diagnosed with cervicalgia, lateral epicondylitis and shoulder pain. Treatment to date has included oral medication and physical therapy. In a progress note dated 11/06/2014, the injured worker was noted to complain of neck, right arm and bilateral shoulder pain along with neck spasms and numbness of the right hand and right arm. The symptoms were noted to have worsened and to affect the injured worker's ability to work and perform activities of daily living. Objective physical examination findings were notable for limited range of motion of the cervical spine, tenderness to palpation over the bilateral superior trapezii and levator scapulae. The physician noted that a request for authorization of MRI of the cervical pain was made to rule out intraspinal pathology as the cause of the injured worker's signs/symptoms. On 12/16/2014, Utilization Review non-certified a request for MRI of the cervical spine noting that the physical examination did not document neurologic deficits which would require further investigation with an imaging study. MTUS, ACOEM and ODG guidelines were 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. MRI is not recommended in patients who are alert, had never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings. Patients who do not fall in this category should have a three view cervical radiographic series followed by CAT scan. The indications for MRI are enumerated in the Official Disability Guidelines. They include, but are not limited to, chronic neck pain, normal radiographs, neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; chronic neck pain radiographs show spondylosis, neurologic signs or symptoms present; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are cervicalgia; lateral epicondylitis; and shoulder pain. Subjectively, the injured worker complains of pain in the right arm and shoulder, neck with spasms and radiation to both shoulders. There is numbness and tingling in the right arm with weakness in the right hand. She has completed 6 out of 12 physical therapy sessions with no improvement. Objectively, the cervical spine has limited range of motion. There is tenderness to palpation over the bilateral superior trapezius and levator scapulae. There is no tenderness palpable along cervical spine. Motor strength testing was normal in all major muscle groups in the upper and lower extremities. Deep tendon reflexes were 1+/4. The documentation does not provide any neurologic deficits. Additionally, there were no plain radiographs of the cervical spine and there was no CAT scan following radiographs of the cervical spine within the medical record as part of the injured workers work up. Consequently, absent clinical documentation with objective neurologic findings and cervical radiographs as part of the initial workup, MRI cervical spine is not medically necessary.