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| Case Number: | CM15-0018831 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 12/18/2014 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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
 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 46 year old male who sustained a work related injury December 18, 2014, while using force on a combative inmate. His initial complaint was extreme pain of the right shoulder, neck and left hand. Diagnoses were documented as contusion left hand; right shoulder strain and cervical strain. Treatment included; medication and cold/hot packs. Work status was documented as temporary disability. A treating physician's progress report dated December 23, 2014, finds the injured worker with moderate pain in the right shoulder, neck and left hand. Physical examination reveals; tenderness to palpation upper trapezius and paracervical muscles with spasm, moderate swelling palmar, dorsal thumb left hand and tenderness trapezius, acromioclavicular joint right shoulder/upper arm. A request for authorization was made for an MRI of the cervical spine and right shoulder. According to utilization review dated January 13, 2015, the request for Cervical Spine MRI is non-certified, citing (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with neck and shoulder pain. The request is for cervical spine MRI. Physical examination to the cervical spine on 01/21/15 revealed tenderness to palpation over the tight trapezius and right paracervical spine. Range of motion was decreased, especially on extension 15 degrees. Patient's treatment have included physical therapy and medications. Per 02/04/15 progress report, patient's diagnosis included right shoulder strain, cervical strain, contusion left hand, assault uns by an inmate, and assault uns. Patient's medication included Relafan/Nabumetone, per 01/21/15 progress report. Patient's work status is modified duty. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Treater does not provide a reason for the request. In 01/21/15 progress report, treater states, "... reviewed MRI results with the patient..." However, it is not stated whether it is a cervical MRI or not. ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, no neurologic or sensory deficits were noted in the progress reports. No radicular symptoms were reported either. The patient does not meet the criteria for a cervical spine MRI per ACOEM and ODG guidelines. Therefore, the request IS NOT medically necessary. Treater does not provide a reason for the request. In 01/21/15 progress report, treater states, "... reviewed MRI results with the patient..." However, it is not stated whether it is a cervical MRI or not. ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, no neurologic or sensory deficits were noted in the progress reports. No radicular symptoms were reported either. The patient does not meet the criteria for a cervical spine MRI per ACOEM and ODG guidelines. Therefore, the request IS NOT medically necessary.