

Case Number:	CM15-0129361		
Date Assigned:	07/15/2015	Date of Injury:	04/18/2009
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57-year-old female, who sustained an industrial injury on April 18, 2009. Treatment to date has included diagnostic imaging, right shoulder MRI, medications, physical therapy, and activity restrictions, cervical epidural steroid injection, physical therapy and home exercise program. Currently, the injured worker complains of pain in her neck, right shoulder, right upper extremity, bilateral elbows and left knee. She rates her pain a 6-9 on a 10-point scale and notes that medication decreases her symptoms. On physical examination, the injured worker has no abnormality of her head carriage and there is significant mounding and hypertonicity of the left upper trapezius. She has moderate tenderness to palpation of the cervical spine and her range of motion is restricted in all planes. She uses trunk rotation to facilitate cervical rotation movements. She has C5-C7 irritability bilaterally. She has a positive impingement sign of the left shoulder and tenderness to palpation over the greater tuberosity of the humerus. She has weakness of the triceps on the left elbow and moderate tenderness to palpation at the medial and lateral levels of the left elbow. She has a positive Tinel's sign over the left cubital fossa and has moderate pain with resisted ranges of motion. She has positive Tinel's and Phalen's tests of the left wrist and hand. Her lumbar spine reveals tenderness to palpation over the paralumbar muscles, the sacroiliac joints, sciatic notch and sacral base bilaterally. She has tenderness to palpation and spasms over the sinuous processes from L2-S1. The injured worker has positive bilateral straight leg raise tests with radicular pain into the lower extremity. She exhibited a positive Kemp's test bilaterally. The diagnoses associated with the request include cervical spine radiculopathy, right shoulder impingement syndrome, left

shoulder subluxation, left wrist internal derangement, left knee meniscal tear, left lateral epicondyle release and lumbar spine sprain-strain. The treatment plan includes continued physical therapy for the cervical spine to focus on strength training, increasing the range of motion and decreasing the pain; MRI of the cervical spine and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have 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, do not need imaging." 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; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As, such the request for 3D MRI of the cervical spine is not medically necessary.