

Case Number:	CM15-0174633		
Date Assigned:	09/16/2015	Date of Injury:	05/29/2015
Decision Date:	10/23/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old male patient, who sustained an industrial injury on 5-29-2015. He reported acute pain in the neck, left shoulder, left arm, elbow and left hand after standing up straight from a bent over position. Diagnoses include cervical sprain-strain, cervical myofascitis, rule out cervical disc protrusion, and rule out cervical radiculitis versus radiculopathy. Per the doctor's note dated 7/21/15, he had complaints of consistent neck pain with radiation to the left shoulder. The physical examination revealed decreased sensation to the left upper extremity, decreased and painful cervical range of motion with tenderness and muscle spasm of the cervical muscles, pain with Cervical Compression, Soto-Hall test, and shoulder Depression tests. The medications list includes acetaminophen, etodolac and cyclobenzaprine. Per the evaluation dated 6-4-15, he had x-rays of the left shoulder which were negative for fracture. He has had activity modification, physical therapy, chiropractic therapy, and medication therapy. The appeal requested authorization for a cervical spine MRI. The Utilization Review dated 7-31-15, denied the request indicating that the available medical records did not support that medical necessity was met per ACOEM Guidelines, as referenced by the California MTUS Guidelines.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI of the Cervical Spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Per the records provided patient had persistent neck pain with radiation to the left shoulder. The patient has significant objective findings on the physical examination-decreased sensation to the left upper extremity, decreased and painful cervical range of motion with tenderness and muscle spasm of the cervical muscles, pain with Cervical Compression, Soto-Hall test, and shoulder Depression tests. The patient has tried medications, physical therapy and chiropractic therapy. It is medically appropriate to perform cervical spine MRI to evaluate for significant causes of persistent neck pain. The request of MRI of the cervical spine is medically necessary for this patient.