

Case Number:	CM15-0040242		
Date Assigned:	03/10/2015	Date of Injury:	10/21/2011
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 64 year old female who sustained an industrial injury on 10/21/11. The injured worker reported symptoms in the neck, back and upper extremities. The injured worker was diagnosed as having cervical disc degeneration, cervical disc displacement, brachial neuritis and cervical spinal stenosis. Treatments to date have included physical therapy, and activity modification. In a progress note dated 2/2/15 the treating provider reports the injured worker was with "complaints of neck pain left greater than right arm pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI (3.0 Tesla): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181 - 183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with pain in the neck, left shoulder which radiates into the left hand rate 7-8/10 and associated weakness to the left upper extremity. The patient's date

of injury is 10/21/11. Patient is status post two cervical ESI's in 2013, exact dates unspecified. Patient is also status post left shoulder arthroscopic rotator cuff repair at a date unspecified. The request is for CERVICAL MRI - 3.0 TESLA. The RFA is dated 02/05/15. Physical examination dated 10/08/14 reveals diffuse tenderness to palpation of the cervical spine area and pain elicitation on active range of motion. Treater notes negative Spurling's maneuver, compression test, and Lhermitte's maneuver. The patient's current medication regimen was not provided. Diagnostic imaging was not included with the documentation provided, though it appears that this patient has undergone at least 1 cervical MRI to date, on 02/09/12. Patient is currently classified as temporarily totally disabled. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant. In regard to the request for what appears to be this patient's second cervical MRI, the treater has not provided a reason for the request. The documentation provided does not include any cervical MRI's, though a comprehensive evaluation of this patient's clinical history dated 10/08/14 discusses a cervical MRI performed on 02/09/12, presumably prior to the cervical ESI. The most recent progress notes, dated 02/02/15 and 01/05/15 do not include a rationale for the requested imaging or provide documentation of unequivocal neurological deficit or other red flags which would warrant follow up imaging. Without a clearer rationale for the requested imaging or a significant change in this patient's clinical presentation, additional MRI's cannot be substantiated. The request IS NOT medically necessary.