

Case Number:	CM15-0065340		
Date Assigned:	04/13/2015	Date of Injury:	01/13/2015
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/07/2015

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 54 year old male who sustained an industrial injury on 01/13/2015. Current diagnoses include cervicgia, rotator cuff disease, and shoulder pain. Previous treatments included medication management and physical therapy. Previous diagnostic studies included MRI of the left shoulder and left shoulder x-rays. Initial complaints included immediate pain and heard a pop in the left shoulder after lifting a box. Report dated 03/24/2015 noted that the injured worker presented with complaints that included left shoulder pain and left arm weakness and numbness. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendation for a cervical spine MRI and EMG/NCV study due to signs and symptoms of cervical radiculopathy, and follow up in three weeks. Disputed treatment includes an MRI of the cervical spine.

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 ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

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: Based on the 03/24/15 sole progress report provided by treating physician, the patient presents with neck pain radiating to left shoulder, and left arm numbness. The request is for MRI of the cervical spine. RFA dated 03/25/15 provided. Patient's diagnosis on 03/24/15 included cervicgia, rotator cuff disease and shoulder pain. Physical examination to the cervical spine on 03/24/15 revealed tenderness to paracervical muscles, and mildly painful and limited range of motion. Positive Spurling's eliciting pain down left scapula. Treatment included physical therapy and cortisone injection to left shoulder. Patient may return to modified duty, per treater report dated 03/24/15. ACOEM Guidelines, chapter 8, page 177 and 178, states: 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. In requesting MRI of the cervical spine, per progress report dated 03/24/15, treater states the patient "is having signs and symptoms of cervical radiculopathy with left arm numbness and tingling." ODG guidelines support MRI of C-spine for neurologic signs or symptoms. There is no evidence of prior cervical MRI. Given the patient's significant radicular symptoms, an MRI of the cervical spine appears reasonable and consistent with the guidelines. Therefore, the request IS medically necessary.