

Case Number:	CM14-0189823		
Date Assigned:	11/20/2014	Date of Injury:	02/25/2005
Decision Date:	10/29/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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 male who sustained an industrial injury on 2-25-05 from a lifting incident resulting in low back, left shoulder and bilateral elbow pain as well as injury to the right knee. The medical records indicate that the injured worker was being treated for left shoulder impingement; rule out herniated nucleus pulposus of the lumbar spine; cervical strain with disc bulging; bilateral shoulder impingement; bilateral elbow epicondylitis; status post right knee sprain with meniscal tear; migraine headaches. He currently (8-29-14) complained of bilateral shoulder, neck, low back and right knee pain. On physical exam of the cervical spine there was decreased range of motion with pain, 3+ bilateral paracervical spasm and tenderness, positive compression test, the findings were consistent in the 5-29-14 note; lumbar spine exam revealed decreased range of motion, tenderness and spasm; upper extremities revealed decreased range of motion bilaterally with pain, bilateral shoulder impingement; elbows had bilateral decreased range of motion, lateral epicondylitis bilaterally. Diagnostics were not present. Treatments to date include medications: Prilosec, Gaviscon. The request for authorization was not present. On 10-16-14 Utilization Review non-certified the request for MRI of the cervical spine based on ACOEM, Chapter8: recommendation for MRI to validate diagnosis of nerve root compromise based on clear history and physical findings. Here there was insufficient information to apply the guideline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI without contrast: Upheld

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: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the cervical spine nor document any specific clinical findings to support this imaging study without new injury or defined myotomal/dermatomal neurological deficit. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The cervical spine MRI without contrast is not medically necessary and appropriate.