

Case Number:	CM13-0040786		
Date Assigned:	12/20/2013	Date of Injury:	01/30/2008
Decision Date:	03/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Maryland and Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old female registered nurse who had a work related injury on 1/30/2008 which caused the development of upper and middle back pains related to manipulating a shipment to supplies. The injury is described as being from cumulative trauma events and lifting. The complaints were episodic myofascial neck and back pain and pain in the arms and hands without numbness and tingling. The neurological examination was noted to be unremarkable. The musculoskeletal examination documented some tenderness to palpation of various muscles as the only significant finding. Thumb opposition was noted to be slightly weak on the left. The accepted injured body parts are the neck, back and right shoulder. Initially the patient was treated for musculoskeletal sprains with exercises, formal physical therapy and massage therapy. In 2008 a cervical MRI scan described degenerative disc changes from C4-C7 and EMG studies described what appears to be coincidentally found mild, sensory median neuropathy at the wrists without cervical radiculopathy. The treatment included a cervical ESI complicated by the development of headaches. The records indicate that the patient has had multiple claims of injury in a variety of other employments which required QMEs in 2002 and 2003. The patient reported injuries in 2000, which were low back pain and neck pain and shoulder pain after transferring a patient at work. The complaints are similar to the complaints now registers in 2008-2013. The QME notes the performance of a cervical MRI scan in 2000, which demonstrated the same findings as the scan performed in 2008 with degenerative changes at C5-6. In addition to unremarkable thoracic and lumbar MRI scans. The patient received care then left work to have a child. The patient then began work with the employer associated with this claim of injury manipulating supplies. It appears that this patient had similar complaints to those now present as far back as 2000. After care and leaving the work force to have a baby, the patient returned and

reported the same neck and back symptoms, but this time associate with the injury that took place on 1/30/2008. The complaints are chronic and the patient has never had a cervical radiculopathy by presentation, examination or imaging. The patient responded somewhat to physical modalities and therapy. The patient did not perform any self-directed therapy or symptom management. Due to ongoing symptoms the patient has gone on to have repeat cervical MRI scans in 2010, 2011 and again in 2012, as well as a detailed evaluation for thoracic outlet syndrome in 2012. The studies describe changes at the C6-7 level with the February 2011 scan describing a larger, central disc herniation. The repeat scan in May 2012 describes the C6-7 level as showing a central protrusion and increased protrusions above that level. The evaluation for thoracic outlet syndrome did describe mild to moderate extrinsic compression of the venous circulation without arterial compression and mild scalene hypertrophy was noted. In late 2012 and into 2013, several requests for treatment with formal physical therapy, massage therapy and narcotics were noted. It does not appear that the utilization of these modalities has lead to any objective functional improvement. The patient still complains of chronic pain in the neck and arm, as well as back pains. In follow up 9/27/2013, documented are the same chronic complaints of neck and arm pains, as well as back pains. Strength was normal, Tinel's was present at the wrist, purling's was noted again bilaterally and the DTRs were symmetrical. Requested is a repeat cervical MRI scan, which would be the fifth since 2008, and at least the seventh since 2000. This request for MRI Scan was denied for lack of medical necessity.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck and Upper Back Chapter, Magnetic Resonance Imaging

Decision rationale: The request is for a repeat cervical MRI scan, which would be the fifth since 2008, and at least the seventh since 2000. There are no documented clinical status changes that would require repeating the imaging. The ACOEM (2004) page 178 states: "Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms". Therefore the request for a repeat MRI scan of the cervical spine is not medically necessary.