

Case Number:	CM14-0130038		
Date Assigned:	08/20/2014	Date of Injury:	09/07/2011
Decision Date:	02/25/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/14/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 36-year-old woman with a date of injury of September 7, 2011. The mechanism of injury is documented as a cumulative trauma. The injured worker's working diagnoses are cervical/trapezial musculoligamentous sprain/strain with right upper extremity radiculitis; right shoulder periscapular myofascial strain with attendant tendinitis, bursitis, and possible labral tear; right elbow medial and lateral epicondylitis with cubital tunnel syndrome; right forearm/wrist overuse flexor and extensor tendinitis with carpal tunnel syndrome; bilateral DeQuervain's tenosynovitis; left elbow medial and lateral epicondylitis and left forearm/wrist overuse flexor and extensor tendinitis. According to a orthopedic progress note dated February 4, 2014, the documentation indicated the IW had an MRI of the cervical spine dated July 16, 2013 which showed central to left sided 2 mm disc herniation at C5-C6. . EMG/NCV studies dated April 19, 2012 were negative for compressive neuropathy. Pursuant to the Doctor's First Report of Illness or Injury dated July 2, 2014, the IW presents to the office for evaluation and treatment after having requested a change in treating physician. The IW complains of neck pain radiating to the right upper extremity. Other complaints are right shoulder pain, bilateral elbow pain, and bilateral wrist pain. Examination of the cervical spine reveals an increased cervical lordotic curvature. There is tenderness to palpation and muscle guarding present over the paraspinal musculature and upper trapezius muscle. Axial compression test is negative. Spurling's maneuver is positive for paresthesia extending to the right upper extremity over the lateral forearm, wrist and hand, including the thumb, index, and middle fingers. Range of motion is limited. X-rays of the cervical spine revealed straightening of the normal lordotic curvature. There was no evidence

of degenerative changes or soft tissue abnormalities. The treatment plan includes MRI of the cervical spine to evaluate for herniated nucleus pulposus. The provider reports the IW was given a medical release form to pick up her prior MRI of the right shoulder, but does not address the prior MRI of the cervical spine. The current request is for 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: Upheld

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 & Upper Back, Magnetic Resonance Imaging (MRI), Indications for imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the cervical spine is not medically necessary. Magnetic resonance imaging of the neck is not recommended for patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The indications for MRI imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are cervical/trapezial musculoligamentous sprain/strain with right upper extremity radiculitis; right shoulder periscapular myofascial strain with attendant tendinitis, bursitis, and possible labral tear; right elbow medial and lateral epicondylitis with cubital tunnel syndrome; right forearm/wrist overuse flexor and extensor tendinitis with carpal tunnel syndrome; bilateral DeQuervain's tenosynovitis; left elbow medial and lateral epicondylitis and left forearm/wrist overuse flexor and extensor tendinitis. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The injured worker presented to a new orthopedist on July 2, 2014. The injured worker had an MRI one year prior. The results were central to left-sided 2 mm disc herniation at C5 - C6, right-sided thyroid mass also seen. There are no significant new symptoms or objective findings present on physical examination. The new treating physician did not review the old medical records. He did not review the original MRI of the cervical spine. Consequently, absent documentation referencing the old medical records with the prior MRI, clinical documentation to support a new MRI, significant changes in symptoms and/or objective findings suggestive of significant pathology, MRI evaluation of the cervical spine is not medically necessary.