

Case Number:	CM14-0095999		
Date Assigned:	08/18/2014	Date of Injury:	10/13/2011
Decision Date:	03/23/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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, Arizona
 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 62-year-old female who reported an injury on 10/13/2011. The mechanism of injury was a slip and fall. Her diagnoses include cervical spine herniated nucleus pulposus, cervical spine degenerative disc disease, cervical spine radiculopathy, thoracic spine sprain/strain, and thoracic spine pain. An MRI of the cervical spine on 04/03/2013 was noted to reveal a disc herniation at C4-5, disc herniation at C5-6 with partial narrowing of the left neural foramina and possible impingement of the left exiting nerve root, and a disc herniation at C6-7. An MRI of the thoracic spine on 04/03/2013 was noted to reveal moderate spondylosis of the mid to lower thoracic spine. Her past treatments included medications, physical therapy, and shockwave therapy. At her followup visit on 04/14/2014, the injured worker complained of burning radicular neck pain rated 5/10 to 6/10 with numbness and tingling of the left upper extremity, as well as achy mid back pain and muscle spasm rated 6/10 to 7/10. The physical examination of the cervical spine revealed tenderness to palpation, decreased range of motion, and positive cervical compression and distraction tests. The physical examination of the thoracic spine revealed tender paraspinal muscles, tenderness over the T2-3 spinal process, decreased range of motion, and a positive Kemp's test. The treatment plan included MRIs of the cervical spine, thoracic spine, and lumbar spine. The rationale for the cervical and thoracic MRIs was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical/thoracic 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 (ODG), Low Back-Lumbar & Thoracic (acute & chronic) (updated 05/12/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Magnetic resonance imaging (MRI).

Decision rationale: According to the California MTUS/ACOEM Guidelines, unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if radiating symptoms persist after conservative treatment. In regard to repeat MRI, the Official Disability Guidelines state repeat testing is not routinely recommended and should be reserved for patients with a significant change in symptoms, progressive neurological deficits, and findings suggestive of significant pathology. The clinical information submitted for review indicated that the injured worker had neck pain with radiating symptoms and mid back pain. Previous MRI of the cervical spine revealed multilevel disc herniations and left neural foraminal narrowing. The MRI of the thoracic spine failed to reveal significant disc herniation or other evidence of nerve impingement. The 04/14/2014 physical examination failed to reveal any significant neurological deficits on examination of the cervical spine to warrant MRI. There was also inadequate documentation showing a significant change in condition or evidence of new pathology to warrant repeat MRI of the cervical spine. In addition, the injured worker was noted to have mid back pain. However, there was no evidence of radiating symptoms from the thoracic spine to the chest wall or other symptoms suggestive of nerve impingement from the thoracic spine. Therefore, MRI of the thoracic spine is also not warranted. For the reasons noted above, the request for MRI of the cervical/thoracic spine is not medically necessary.