

Case Number:	CM15-0001785		
Date Assigned:	01/13/2015	Date of Injury:	05/13/2013
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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 female, who sustained an industrial injury on May 13, 2013. The diagnoses have included post traumatic cephalgia, cervical sprain/strain, thoracic sprain, strain, bilateral shoulder sprain/strain, right wrist sprain/strain and left knee sprain/strain. Treatment to date was not provided. Currently, the injured worker complains of neck, bilateral shoulders, right wrist pain and left knee pain. On December 30, 2014, Utilization Review non-certified a Magnetic resonance imaging cervical spine , noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited. On December 22, 2014, the injured worker submitted an application for IMR for review of Magnetic resonance imaging cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with pain in the right wrist. The request is for MRI CERVICAL SPINE. Patient is status post right wrist arthroscopy 09/03/13. Physical examination to the right shoulder revealed positive impingement. Patient's diagnosis include status post right wrist surgery, stiffness fingers/wrist, and adhesive capsulitis, right shoulder. Per 12/30/14 UR letter, patient had a cervical spine MRI on 09/12/14 which showed mild foraminal compromise at C3/4, a 3 mm posterior disc bulge with left paracentral disc protrusion at C4/5 and a posterior disc bulge with a superimposed bi-lobed disc protrusion with moderate central stenosis with cord compression at C5/6. Patient has had physical therapy treatments, sessions unspecified. Per 08/11/14 progress report, patient is permanent and stationary. ACOEM Guidelines, chapter 8, page 177 and 178, state "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. Treater does not provide a reason for the request as a progress report with the request has not been provided. Per 08/11/14 progress report, treater states that patient's post operative course was complicated by a mild reflex sympathetic dystrophy resulting in stiffness of the hand and shoulder. Per 12/30/14 UR letter, patient had an MRI of the cervical spine on 09/12/14. ACOEM Guidelines state, "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 do not support MRIs unless there are neurologic signs/symptoms present. In this case, the patient does not present with any red flags to warrant a new MRI. Therefore, the request IS NOT medically necessary.