

Case Number:	CM15-0007323		
Date Assigned:	01/29/2015	Date of Injury:	10/01/2009
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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 69 year old female, who sustained an industrial injury on 10/01/09. She has reported low back pain, neck pain, bilateral leg pain and left middle finger pain. The diagnoses have included cervical and lumbar disc degeneration with bulging, internal derangement shoulders and mild degenerative changes of knees. Treatment to date has included knee surgery, physical therapy, pain management therapy and medications. X-rays of shoulders, lumbar spine, left knee and (MRI) magnetic resonance imaging of right and cervical spine have been reported. Currently, the injured worker complains of low back pain, neck pain, bilateral leg pain and left middle finger pain. Range of motion was slightly limited, otherwise normal neurological exam. On 12/15/14 Utilization Review non-certified (MRI) magnetic resonance imaging of cervical spine, noting the lack of documentation of a comprehensive cervical and upper extremity evaluation. Non-MTUS, Guidelines, was cited. On 12/23/14, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation neck & upper back chapter, MRI

Decision rationale: This patient presents with low back, neck, bilateral leg, and left middle finger pain. The patient is status post left knee surgery from 2010. The treater is requesting an MRI of the cervical spine. The RFA dated 12/09/2014 shows a request for MRI cervical spine. The patient's date of injury is from 10/01/2009 and her current work status is permanent and stationary. The ACOEM Guidelines has the following criteria for ordering imaging studies on page 177 and 178: -1- emergence of a red flag, -2- physiologic evidence of tissue insult or neurologic dysfunction, -3- failure to progress in the strengthening program intended to avoid surgery, -4- clarification of anatomy prior to invasive procedure. In addition, ODG states, "MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery." The records show an MRI of the cervical spine from 10/10/2010 that showed: 1. C5-C6, there is left-sided uncovertebral hypertrophy. There is no disk protrusion or extrusion, spinal stenosis or right neuroforaminal narrowing. There is moderate left neuroforaminal narrowing. 2. Incidentally noted are multiple left thyroid lobe nodules. Further evaluation with thyroid ultrasound is recommended. The 09/17/2014 report notes that the patient is complaining of neck pain at a rate of 7/10 with occasional popping sensations in the neck. She is experiencing pain in both shoulders which extends to her chest and left breast. Examination shows cranial nerves are grossly normal. Peripheral neurologic exam is within normal limits. In this case, the examination does not show any neurological or sensory deficits that would warrant the need of a cervical spine MRI. The request IS NOT medically necessary.