

Case Number:	CM15-0103794		
Date Assigned:	06/08/2015	Date of Injury:	08/26/2008
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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: Preventive Medicine, Occupational 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 is a 54 year old female, who sustained an industrial injury on 8/26/08. She reported initial complaints of neck injury. The injured worker was diagnosed as having lumbago; cervicalgia; brachial neuritis or radiculitis NOS. Treatment to date has included status post ACDF (2010); status post right shoulder surgeries (2013); cervical facet steroid injections (8/18/14). Diagnostics included MRI lumbar spine (10/9/02); CT scan cervical spine (3/31/14). Currently, the PR-2 notes dated 4/21/15 indicated the injured worker complains of neck pain, severe right trapezius pain with spasms, bilateral upper extremity pain, left hand numbness with C6-7 distribution. She is having an exacerbation of her neck pain and has severe pain in the right paravertebral and trapezius muscles. She has radiating pain down both of her extremities and numbness in the C6-7 nerve distributions of both hands. She has had an anterior cervical discectomy fusion (ACDF). She is also experiencing severe spasms at the lower spine and has a history of low back injury. Her last MRI of the lumbar spine was 10/9/12 that demonstrated multilevel degenerative disc disease from L2-L5 which the provider documents conpires short pedicles and facet arthrosis to cause moderate to moderately sever foraminal narrowing from the L2-L5 level which could conceivably be a source of radicular symptoms. The last cervical imaging study was a CT scan date 3/31/14 that demonstrated C6-7 bilateral uncovertebral spurring and focal disc protrusion caused mild central and bilateral foraminal narrowing and C5-6 intact anterior cervical fusion hardware and interbody spacer. There is no central or foraminal stenosis. The provider continues to document that at C4-5, intact interbody spacer with right neuroforaminal and spinal canal are patent. She underwent facet injections on 8/18/14 with good

results of the neck pain. However, her biggest complaint is in the right paracervical muscle, right trapezius muscle and pain and numbness down the upper extremities. The injured worker has had three right shoulder surgeries noted in 2013, a cervical spine fusion and ACDF in 2010 and a left shoulder surgery in 1998. The objective findings only review the cervical spine noting "palpation through the right trapezius muscle with pain and spasming and guarding. Active range of motion forward flexion one inch chin to chest, extension 40 degrees, lateral bend to the left and right 70 degrees. She has slight loss of sensation to all of her fingers, but most pronounced at the right fifth finger. With direct palpation at the bilateral C3-4, C4-5 and C7-T1 facets, she has pain. His treatment plan notes the Medrol Dosepak relieved her increased pain only temporarily. He gave her 3 trigger point injections in the paracervical and two in the trapezius to keep her at work. She experience relief before leaving the clinic on this day. The provider is requesting an updated lumbar spine MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Lumbar Spine MRI without contrast is not medically necessary.