

Case Number:	CM15-0107063		
Date Assigned:	06/11/2015	Date of Injury:	08/20/2009
Decision Date:	09/03/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 8-20-09. Initial complaint was of continuous trauma to the neck, shoulders, hands-wrists, lower back and feet. The injured worker was diagnosed as having cervical disc herniations; cervicgia; status post right shoulder surgery with residual pain; bilateral elbow pain; status post left carpal tunnel release; right-sided carpal tunnel syndrome. Treatment to date has included physical therapy; cervical epidural steroid injections; medications. Diagnostics studies included MRI cervical spine (9-3-09; 12-21-13). Currently, the PR-2 notes dated 12-23-13 indicated the injured worker complains of bilateral wrist pain and neck pain. She reports the pain as unbearable and it interferes with her daily activity and sleep. She reports that gabapentin does not help this pain and surgery was authorized and needs scheduled. The paracervical muscles notes tenderness and there is tenderness over the palmer and dorsal part of both wrists. The Tinel's sign is positive bilaterally. A MRI of the cervical spine dated 9-3-09 impression reveals mild congenital spinal stenosis; mild degenerative disc disease with mild bulging disc at C4-5, C5-6 and C6-7. There are varying degrees of central and foraminal stenosis. The provider is requesting authorization of retrospective request for a MRI of the cervical spine completed on 12-21-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI of the cervical spine, completed on 12/21/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back , MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

Decision rationale: Retrospective request for MRI of the cervical spine, completed on 12/21/2013 is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation reveals that the patient already had an initial cervical MRI on 9/3/09. The documentation does not indicate a significant change in symptoms or new red flag condition that would necessitate a repeat MRI. The documentation does not indicate a clear rationale for a repeat cervical MRI. For all of these reasons the request is not medically necessary.