

Case Number:	CM15-0108842		
Date Assigned:	06/15/2015	Date of Injury:	02/11/2014
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 02/11/2014. He reported injury to his neck, upper back, lower back, head and chest. Treatment to date has included x-rays, MRI of the lumbar spine, physical modalities and medications. According to an initial evaluation dated 03/05/2015, the injured worker complained of numbness and tingling of the neck, lower back, both shoulders to both elbows and both hips to both thighs. Neck pain was sharp and radiated to the right arm and occurred 100 percent of the time. X-rays of the neck were last taken on 05/15/2014 and an MRI was taken in March of 2014. Upper back pain was sharp and radiated to both elbows. Low back pain was sharp and radiated to both knees. Right wrist pain was dull and was non-radiating. Physical examination demonstrated diffuse tenderness of the neck. Thoracic tenderness was noted. Straight leg raise was negative on the right and left at 60 degrees. Pulses were palpable in the upper and lower extremities. Pain was noted with range of motion of the cervical and thoracic spine. Neurological exam was intact. Diagnoses included cervical spine disc bulges and thoracic spine disc bulge. The treatment plan included physiotherapy, cervical spine MRI and thoracic spine MRI due to prolonged complaints, electrodiagnostic studies of the upper extremities due to prolonged upper extremity neuroradicular complaints and a pain medicine, internal medicine and neurology consult. The provider noted that x-rays of the cervical and thoracic spine were indicated since they had not been done sufficiently recently. Results were pending. On 03/20/2015, the injured worker was seen for an initial pain management evaluation. Examination of the cervical spine demonstrated range of motion was limited by pain. Trigger points were palpated bilaterally at trapezius and

supraspinatus. Tenderness was noted at the bilateral cervical facets C5-C7. Positive cervical facet loading maneuvers were noted. Spurling's was positive on the right. Recommendations included diagnostic C6-C7 epidural steroid injection and continuation of home exercise regimen with plan to reinstate injured worker in formal physical therapy. Currently under review is the request for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not medically necessary.