

Case Number:	CM15-0134392		
Date Assigned:	07/22/2015	Date of Injury:	03/08/2013
Decision Date:	08/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/13/2015

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, Pain Management

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 03/08/2013. She has reported injury to the neck and low back. The diagnoses have included cervical pain; cervical sprain; cervical disc herniations with neural foraminal narrowing; cervical degenerative disc disease; low back pain; lumbar disc herniations with neural foraminal narrowing; lumbar degenerative disc disease; lumbar and cervical facet arthropathy; sciatica; left lateral epicondylitis; left radial tunnel syndrome; and pain in thoracic spine. Treatment to date has included medications, diagnostics, ice, heat, cervical epidural injections, cortisone injections to the neck and left elbow, chiropractic therapy, physical therapy, and home exercise program. Medications have included Ibuprofen, Norco, Celebrex, Omeprazole, and Naproxen. A progress report from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and left upper extremity symptoms, with aching, burning pain that she rates at 9/10 on the pain scale; this pain radiates down the left shoulder scapular region, and throughout the left shoulder down her left arm into the left first, second, and fifth digits of her hand; she reports numbness as well in those three digits; she has weakness throughout the left upper extremity, and she has difficulties with her job; she avoids using her left arm now; she has left-sided lower back pain which is sharp in nature; she rates her lower back pain at 9/10 on the pain scale, however it can increase to a 10/10 on the pain scale with twisting or walking on uneven surface; she has radiation of pain, numbness, and tingling in the left lower extremity to the ankle; and she has difficulty with sleeping secondary to pain. It is noted that physical therapy for the neck and back helped

temporarily and that some of the exercises increased her pain. Objective findings included decreased ranges of motion in the cervical spine, thoracic spine, and lumbar spine; upper and lower extremity sensation is intact; motor exam reveals 4+/5 strength in the right deltoid, biceps, internal rotator, external rotator, and wrist extensor; 4+/5 strength in the bilateral tibialis anterior and extensor hallucis longus; and reflexes are normal in the upper and lower extremities. The treatment plan has included 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic resonance imaging (MRI).

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

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG stipulate that repeat studies should be reserved for a significant change in pathology. Within the documentation available for review, there is no indication of any red flag signs present on exam. The recent progress notes do not demonstrate any acute change in pathology since the timing of the last cervical MRI in April 2014. Given this, the request is not medically necessary.