MAXIMUS Federal Services

Case Number:	CM15-0136083		
Date Assigned:	07/24/2015	Date of Injury:	07/08/2012
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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 55 year old female, who sustained an industrial injury on 7/8/12. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spinal stenosis; lumbar spine disc herniation; lumbar radiculopathy; chronic neck pain; chronic thoracic pain; left hip degenerative joint disease; cervical myofascial pain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI thoracic spine (4/24/15). Currently, the PR-2 notes dated 6/17/15 indicated the injured worker report to this office on this date as a follow-up of neck, back, and hip complaints. Since her last visit, she reports that her pain is unchanged and that it increases when she tries to be more active. She recently saw her primary care physician and he prescribed Metaxalone 800mg but she has not started this medications. She had a cervical trigger point injection on 5/6/15 and reports she felt temporary relief for about a day. However, the pain returned and is constant and severe. She reports she has been "biting" a lot recently due to increased pain and broke a tooth as a result and has made an appointment with the dentist. She has recently been denied a left piriformis injection and is awaiting authorization of a cervical spine MRI. She did have a thoracic spine MRI on 4/24/15. She reports on one occasion she had shooting pain throughout all her limbs. She has a Toradol injection on 4/22/115 for increased pain. She reports she does as little as possible so she does not aggravate the pain. In regards to her medications, she is currently taking Norco 10/325 three times a day which she reports brings her pain from 10/10 to 4/10; Pamelor 25mg once at night which she reports is not very effective. The provider documents her current complaints as pain in her left ear and jaw with throbbing neck pain. This worsens with chewing and sleeping on her

left side. She has had increased pain following a Toradol injection on 4/22/15, In regards to the mid back pain she reports it as stabbing and burning pain along with left side mid back, extending up to her left shoulder blade. She continues to have spasms. She has some burning and stabbing in the right mid back as well. She notes tingling in her hands at times. She rates her mid back pain as 5-10/10 and her back pain at 9-10/10 on the pain scale. Her mid back pain continues to be her worst pain. In regards to her low back, she reports aching and burning on the left side and stabbing and burning pain in her left buttock with aching in the right buttock and "a ball". Her pain is worse on the left side and rates it as 4/10. She has stabbing pain in her left thigh, aching in her left knee, aching in the right calf, numbness and tingling in both ankles and toes left greater than right. In regards to her left hip pain she describes the left lateral hip with constant spasms and describes a "ball" on her left hip. She currently rates her pain as 5-10/10, and notes spasms in her pelvic region following her injection. The MRI of the thoracic spine dated 4/24/15 is documented by the provider demonstrating mild anterior spondylosis with mild scoliosis without spondylolisthesis, compression deformity or significant focal protrusion, canal stenosis or neural foraminal narrowing. An EMG/NCV study of the bilateral upper extremities on 3/2/15 is reported as an abnormal study revealing evidence of right median neuropathy at wrist (carpal tunnel syndrome). There is no evidence of cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. An EMG/NCV study of the lower extremities is documented as an abnormal study revealing evidence of bilateral S1 radiculopathy. There is no evidence of generalized peripheral neuropathy affecting the lower limbs. The provider is requesting authorization of Single positional magnetic resonance imaging (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:

Single positional magnetic resonance imaging (MRI) of the cervical spine: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are an emergence of a red flag failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker had an EMG/NCV on 3/12/2015 that revealed no cervical abnormalities; therefore, the request for single positional magnetic resonance imaging (MRI) of the cervical spine is determined to not be medically necessary.