

Case Number:	CM15-0139113		
Date Assigned:	07/29/2015	Date of Injury:	01/14/2003
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency 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 51 year old male, who sustained an industrial injury on 1/14/03. The injured worker has complaints of neck pain and bilateral upper extremities and shoulder pain. Cervical spine examination revealed tenderness to posterior occipital muscles and to the trapezius with painful reduced range of motion and there is a positive compression sign. Right shoulder examination revealed mild tenderness but unproved range of motion. The diagnoses have included cervical discopathy; bilateral wrist pain and status post bilateral carpal tunnel surgery. Treatment to date has included carpal tunnel surgery; magnetic resonance imaging (MRI) shows evidence of discopathy with current X-ray findings supporting this worsening as well with hypermobility; electromyography/nerve conduction velocity study showed cervical radicular symptoms; epidural injections and medications. The request was for 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:

Magnetic resonance imaging (MRI) of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck and Upper Back (Acute & Chronic) - Magnetic resonance imaging (MRI).

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

Decision rationale: The request is for MRI of the neck. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The treating physician documents worsening neck pain and upper extremity radiculopathy. Previous MRI documented discopathy and current x-ray findings raise concern for progression of previous findings. Previous EMG studies documented cervical radiculopathy. The request for MRI of the neck appears to be supported by the MTUS, and therefore is medically necessary.