

Case Number:	CM15-0144057		
Date Assigned:	08/05/2015	Date of Injury:	07/31/2011
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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: Connecticut, California, Virginia

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 37 year-old male who sustained an industrial injury on 07-31-11. He reported cumulative trauma injury. His diagnoses include cervical radiculopathy, bilateral shoulder impingement, status post rotator cuff repair, bilateral elbow tendinitis, and bilateral wrist tendinitis. Diagnostic testing and treatment to date has included radiographic imaging, EMG-NCV, acupuncture, shockwave therapy, and physical therapy. Currently, the injured worker complains of intermittent cervical spine pain with headaches, stiffness of his neck, and aggravated neck pain with movement. He has complaints of right upper extremity pain that travels between his right shoulder, elbow, down to the hand and fingers. Physical examination of the cervical spine is remarkable for spasm and tenderness over the paravertebral musculature, upper trapezium, and interscapular area. X-ray of the cervical spine revealed reversal of the normal lordosis, and decreased disc height at the C5-C6 level. Requested treatments include MRI of the cervical spine without contrast. The injured worker's status is reported as without restrictions. Date of Utilization Review: 07-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is no provided indication of neurologic dysfunction that is evidential of need for MRI in conjunction with requested EMG/NCV, and therefore, per the guidelines, the request for MRI is not considered medically necessary.