

Case Number:	CM15-0145103		
Date Assigned:	08/06/2015	Date of Injury:	10/08/2010
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California
 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 58-year-old male, who sustained an industrial injury on 10-8-10. The injured worker has complaints of cervical spine, left arm, left shoulder and left hand pain on 7/1/15. The cervical pain has radiation in left upper extremity with numbness and burning sensation at 8-9/10. The documentation noted that there is tenderness to palpation of the posterior paracervical musculature and bilateral trapezial regions, left greater than right. There is decreased range of motion of cervical spine. The patient has had decreased sensation in left upper extremity in C 6 distribution. The patient has had MRI of the cervical spine in 2011 that revealed disc protrusions and mild central canal stenosis. The diagnoses have included sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included chiropractor therapy; physical therapy; cold-hot cream; Biofreeze; epidural injections and cervical spine X-rays showed chronic musculoligamentous strain cervical spine, left C6 sensory radiculopathy. The request was for magnetic resonance imaging (MRI) of the cervical spine. The patient's surgical history includes elbow and hernia surgery. The past medical history includes DM and HTN. The patient has had X-ray of the cervical spine on 7/1/15 that revealed spondylotic changes. The patient had received an unspecified number of the PT visits for this injury. The patient sustained the injury due to cumulative trauma. Patient had received ESIs for this injury. The medication list include Ibuprofen and Tylenol.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 8, special studies and diagnostic and treatment considerations Official Disability Guidelines (ODG), neck and upper back regarding magnetic resonance imaging (MRI), indications for imaging-MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "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. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The injured worker has complaints of cervical spine, left arm, left shoulder and left hand pain on 7/1/15. The cervical pain has radiation in left upper extremity with numbness and burning sensation at 8-9/10. The documentation noted that there is tenderness to palpation of the posterior paracervical musculature and bilateral trapezial regions, left greater than right. There is decreased range of motion of cervical spine. The patient has had decreased sensation in left upper extremity in C 6 distribution. The patient has had MRI of the cervical spine in 2011 that revealed disc protrusions and mild central canal stenosis. The patient has had X-ray of the cervical spine on 7/1/15 that revealed spondylotic changes. The patient had received an unspecified number of the PT visits for this injury. The patient has been treated with oral medication and conservative treatment and the patient still had significant objective findings. A recent x-ray has been done. The last MRI was done 4 years ago. The clinical status of the patient has changed since then. There are signs and symptoms of radiculopathy per the recent notes. The request for MRI of the cervical spine is medically necessary and appropriate for this patient at this time since it would help to guide further management.