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| Case Number: | CM15-0146817 | | |
| Date Assigned: | 08/07/2015 | Date of Injury: | 02/28/2013 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/23/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female who sustained an industrial injury on February 28, 2013 resulting in neck and upper right extremity pain. She was diagnosed with cervical strain and cervical radiculopathy. Documented treatment for this injury has included medication. The injured worker continues to present with radiating neck and upper back pain. The treating physician's plan of care includes MRI of the cervical spine. She can work but with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Overturned

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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI) and Other Medical Treatment Guidelines.

Decision rationale: MRI (Magnetic Resonance Imaging) of the cervical spine is medically necessary per the MTUS, the ODG Guidelines, and a review of the literature regarding herpes zoster virus. The MTUS states that for most patients 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. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does indicate a change in this patient's condition as she has developed herpes zoster in June of 2015. Prior MRI (Nov. 2013) did not reveal significant pathology however patient's condition is worsening. Her prior EMG study revealed a radiculopathy in 2013. Although patient had symptoms prior to her herpes zoster diagnosis it is also known that herpes zoster can cause a polyradiculopathy and it would be helpful to see if there is cervical pathology on imaging studies that correlate to this patient's symptoms vs. another condition such as herpes zoster causing nerve involvement. A review of the literature in Curr Top Microbiol Immunol. 2010 reveals that varicella zoster virus reactivation can produce chronic radicular pain without rash (zoster sine herpette), as well as numerous neurological disorders without rash. Furthermore, the shoulder and hand exams and follow-ups with physicians for these body parts was not remarkable and patient's symptoms appear radicular in nature. The request for a cervical MRI is medically necessary.