

Case Number:	CM15-0148413		
Date Assigned:	08/12/2015	Date of Injury:	06/19/2002
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 6-19-2002. He reported repetitive use injuries to the neck, right shoulder and right arm. Diagnoses include status post bilateral De Quervain's tenosynovitis surgery, bilateral carpal tunnel release, and chronic pain syndrome. Treatments to date include activity modification, bracing, NSIAD and occupational therapy, and trigger point injections. Currently, he complained of pain in the right neck, shoulder and arm. Pain was rated 5 out of 10 VAS at best and 10 out of 10 VAS at worst. On 6-5-15, the physical examination documented diffuse cervical tenderness and along shoulder girdle, decreased cervical range of motion, and decreased strength in the right shoulder. There was decreased sensation in the upper extremities bilaterally. The plan of care included a 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:

MRI (Magnetic Resonance Imaging) of the cervical spine: 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are right neck, shoulder girdle and arm pain with paresthesias; possible cervical radiculopathy possible rotator cuff tendinitis. The date of injury is June 19, 2002. Request for authorization is June 19, 2015. According to a new patient encounter (PM&R provider), presented with chief complaints of right neck, shoulder and arm pain. The injured worker was treated conservatively over the prior seven years. The treating provider asked whether an MRI was done at any point in time previously. The injured worker did not recall a prior MRI. The treating provider has not received the medical records or reviewed documentation from prior treating providers. Subjectively, the injured worker has ongoing wrist, shoulder and neck pain with pain scale of 5/10. Objectively, there is tenderness to palpation with decreased range of motion cervical spine. Motor examination was grossly normal and there was decreased sensation in the right arm at the C5, C6 and C7 dermatomes. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. Consequently, absent clinical documentation indicating the treating provider reviewed all prior medical records to determine whether the injured worker had prior magnetic resonance imaging scanning and no unequivocal objective findings that identifies specific nerve compromise, MRI cervical spine is not medically necessary.