

Case Number:	CM15-0161565		
Date Assigned:	08/27/2015	Date of Injury:	01/26/2009
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, 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 49 year old male, who sustained an industrial injury on January 26, 2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having radial styloid tenosynovitis, lateral epicondylitis, medial epicondylitis, temporomandibular joint disorders unspecified, depressive disorders not elsewhere classified, persistent disorder of initiating or maintaining sleep, enthesopathy of the ankle and tarsus unspecified, disturbance of skin sensation, degeneration of the cervical intervertebral disc, myalgia and myositis unspecified, cervical spondylosis without myelopathy, and brachial neuritis or radiculitis not otherwise specified. Treatment and diagnostic studies to date has included medication regimen, bilateral greater occipital nerve blocks, use of a cane, electromyogram with nerve conduction study, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right foot, use of a thumb splint, use of a retainer, medication regimen, and magnetic resonance imaging of the right thumb. In a progress note dated July 10, 2015 the treating physician reports complaints of burning, throbbing, and pressure pain to the neck with occasional pinching sensation that radiates to the shoulders, upper back, right scapula, and right forearm along with needle and numbing sensation to the right axilla area. The treating physician also noted complaints of popping and locking of the right temporomandibular joint that was noted to have improved and complaints of constant, moderate pain to the right hand. Examination reveals tenderness to the right temporomandibular joint, decreased range of motion to the neck by 50%, and decreased right thumb muscles. The injured worker's pain level was rated a 6 to 7 on a scale of 1 to 10. The

treating physician noted prior magnetic resonance imaging of the cervical spine performed on May 08, 2013 that was remarkable for multilevel degenerative disc changes at cervical five to six with disc bulge and osteophytes that narrow neural foramina and effacing the thecal sac, and a cervical four to five disc bulge. The treating physician also noted prior electromyogram with nerve conduction study of an unknown date that was revealing for right cervical radiculopathy affecting the middle and low posterior rami. The treating physician requested an open magnetic resonance imaging of the cervical spine, but the documentation did not indicate the specific reason for the requested study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical open MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, the claimant had herniation on an MRI 2 years ago. There was a plan for surgery by [REDACTED] at [REDACTED] at the time. Surgical intervention information was not noted. Recent notes indicate neck pain and upper extremity complaints. The request for the MRI was not substantiated however. There was no mention of plan for surgical intervention. The request for an MRI of the cervical spine is not medically necessary.