

Case Number:	CM15-0165629		
Date Assigned:	09/03/2015	Date of Injury:	02/24/2014
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 61-year-old male who sustained an industrial injury on February 24, 2014 resulting in left arm pain with numbing and tingling radiating down his left thumb, second, and third fingers. Diagnoses have included left ulnar nerve lesion, injury to left radial nerve, and pain in the left limb. Documented treatment includes acupuncture. The injured worker continues to complain of pain radiating up and down his left arm, and left-sided neck pain with a described sensation of pulling on the neck. The treating physician's plan of care includes MRI of the cervical spine without contrast. Current work status is usual and customary work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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 without contrast 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 ulnar nerve lesion; pain in limb; injury to radial nerve; cervical this disease without myelopathy. Date of injury is February 24, 2014. Request for authorization is July 12, 2015. Progress notes dated March 26, 2015; April 23, 2015; and May 22, 2015 do not contain physical examinations. The documentation states "exam deferred". The most recent progress note dated July 8, 2015 subjectively states the injured worker has right arm pain and numbness with neck pain. Objectively, there was tenderness to palpation with trigger points. Sensory examination showed dysesthesias of the thumb, index, middle and medial hand. Dysesthesias are subjective. There are no other neurologic findings including motor examination, reflexes, etc. There were no plain radiographs of the cervical spine. An EMG was reportedly performed, but there was no hard copy of the medical record. The treating provider indicates there was evidence of left cervical radiculopathy likely C6. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no unequivocal objective finding that identifies a specific nerve compromise on the neurologic evaluation, no hard copy of the EMG/NCV and an incomplete neurologic evaluation, MRI cervical spine without contrast is not medically necessary.