

Case Number:	CM15-0166499		
Date Assigned:	09/04/2015	Date of Injury:	03/17/2014
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year old female sustained an industrial injury to the back and neck via cumulative trauma from 12-12-11 to 3-17-14. Previous treatment included physical therapy and medications. In an initial evaluation dated 5-23-15, the injured worker complained of pain to the thoracic spine, cervical spine, lumbar spine, bilateral shoulders and left elbow, rated 6 out of 10 on the visual analog scale. The injured worker stated that the pain was alleviated by physical therapy, rest and medications. Physical exam was remarkable for cervical spine with tenderness to palpation at the paraspinal musculature with spasms and positive Soto-Hall and Cervical Compression tests, tenderness to palpation to the thoracic spine paraspinal musculature with spasms and positive percussion test, lumbar spine with slightly decreased range of motion, tenderness to palpation at the paraspinal musculature with spasms and positive Kemp's test. The physician noted that x-rays of the thoracic spine and lumbar spine were unremarkable. X-rays of the cervical spine showed degenerative anterior inferior endplate osteophytes of the endplates of C5 and C6. Current diagnoses included cervical myofasciitis, cervical spine sprain and strain, thoracic spine myofasciitis, thoracic spine sprain and strain, lumbar spine musculoligamentous injury, lumbar myospasm, lumbar spine sprain and strain and acute stress disorder. The treatment plan included acupuncture, chiropractic therapy, and physical therapy once a week for six weeks for the cervical spine, thoracic spine and lumbar spine, magnetic resonance imaging of the cervical spine, thoracic spine and lumbar spine and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (cervical spine): Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter under Magnetic Resonance Imaging.

Decision rationale: The 33 year old patient complains of upper back pain, low back pain, left elbow pain, and bilateral shoulder pain, rated at 6/10, as per progress report dated 05/23/15. The request is for this MRI (CERVICAL SPINE). The RFA for this case is dated 05/23/15, and the patient's date of injury is 03/17/14. Diagnoses, as per progress report dated 05/23/15, included cervical myofascitis, cervical sprain/strain, thoracic myofascitis, thoracic sprain/strain, lumbar musculoligamentous injury, lumbar myospams, lumbar sprain/strain, and acute stress disorder. The patient is temporarily totally disabled, as per progress report dated 05/23/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, Special Studies and Diagnostic and Treatment Considerations section and pages 177-178: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist. ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. In this case, none of the progress reports available for review indicate prior MRI of the cervical spine. The request for the imaging study is noted in progress report dated 05/23/15. An MRI of the cervical spine, dated 06/27/15 (after the request date), revealed disc desiccation from C2-3 to C6-7 abutting the anterior aspect of the spinal cord. It appears that the patient has already undergone the requested study. Nonetheless, the patient did suffer from chronic neck pain. Physical examination of the cervical spine, as per progress report dated 05/23/15, revealed tenderness to palpation and spasms in the paravertebral musculature along with painful cervical compression test and Soto Hall test. Given the neurological deficit and the chronic pain, the request appears reasonable and IS medically necessary.