

Case Number:	CM15-0166743		
Date Assigned:	09/04/2015	Date of Injury:	03/24/1994
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
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:

The injured worker is a 60 year old female who sustained an industrial injury on 03-24-1994. The injured worker was diagnosed with degenerative disc disease of the cervical spine with bilateral upper extremity radiculitis, bilateral shoulder impingement syndrome with post-traumatic acromioclavicular joint arthritis, right and left carpal tunnel syndrome, thoracic disc degeneration, lumbosacral disc degeneration and insomnia. The injured worker is status post L3 to L5 fusion (no date documented) and removal of hardware in May 2014, right rotator cuff repair, right trapezium resection arthroplasty and right carpal tunnel release (no dates documented). Treatment to date has included diagnostic testing with recent Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral upper extremities, surgery, physical therapy, steroid injections and medications. According to the primary treating physician's progress report on July 29, 2015, the injured worker continues to experience neck, bilateral shoulders, left elbow, bilateral wrists, mid back, lower back and bilateral knee pain. Examination of the cervical spine demonstrated restricted range of motion with flexion at 40 degrees, extension at 45 degrees, bilateral rotation at 30 degrees each and lateral bending at 15 degrees each. There was mild to moderate tenderness to palpation over the cervical spinous processes and paraspinal muscles mainly at the base of the neck. There was mild tenderness in the trapezius muscles near the shoulders and tenderness over the bilateral nerve roots very low in the neck. Current medication was listed as Vicodin 5mg-300mg. Treatment plan consists of a cervical spine in an open scanner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the cervical spine in open scanner: 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 chapter, under Magnetic resonance imaging.

Decision rationale: The current request is for Outpatient MRI of the cervical spine in open scanner. The patient is status post L3 to L5 fusion (no date documented) and removal of hardware in May 2014, right rotator cuff repair, right trapezium resection arthroplasty and right carpal tunnel release (no dates documented). Treatment to date has included diagnostic testing with recent Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral upper extremities, surgery, physical therapy, steroid injections and medications. MTUS/ACOEM Guidelines, Neck and Upper back Complaints Chapter under Special Studies Section, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, Neck and Upper Back chapter, under Magnetic resonance imaging (MRI) has the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Per report July 29, 2015, the patient presents with neck pain that goes down to the upper back with associated numbness and tingling down both arms. She also has complaints of lower back and shoulder pain. Examination of the cervical spine demonstrated restricted range of motion with flexion at 40 degrees, extension at 45 degrees, bilateral rotation at 30 degrees each and lateral bending at 15 degrees each. There was mild to moderate tenderness to palpation over the cervical spinous processes and paraspinal muscles mainly at the base of the neck. There was mild tenderness in the trapezius muscles near the shoulders and tenderness over the bilateral nerve roots in the lower part of the neck. The patient would like to focus on her cervical spine symptoms. The treater states 'in reference to the cervical spine, this examiner suspicious that she does have some pathology that may be a major cause of the upper extremity symptoms. He further states that the patient is claustrophobic and requires an open scanner. There is no indication of prior cervical MRI. Given the patient's persistent pain with radicular symptoms and examination findings, an MRI for further evaluation is reasonable. This request IS medically necessary.