

Case Number:	CM15-0180367		
Date Assigned:	09/22/2015	Date of Injury:	08/16/2013
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, 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 52 year old female who sustained an industrial injury on 8-16-13. The injured worker reported right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome, right sacroiliac joint pain and right knee internal derangement. Medical records dated 7-31-15 indicate pain rated at 4 out of 10. Records dated 7-31-15 indicate "her knee pain has improved with no buckling". Provider documentation dated 7-31-15 noted the work status as temporary totally disabled. Treatment has included injection therapy, Norco since at least January of 2015, right knee magnetic resonance imaging (3-7-15), and home exercise program, electromyography and nerve conduction velocity study (10-8-13). Objective findings dated 7-31-15 were notable for "tender right paraspinal musculature with trapezius spasm with radiating pain, numbness and tingling to the hand". The original utilization review (8-28-15) denied a request for Updated magnetic resonance imaging of the cervical spine quantity of 1. The patient had received 6 PT visits for this injury. The medication list includes Norco, Zofran and Colace. The patient's surgical history includes right knee arthroscopy on 6/3/15. Per the note dated 9/8/15 and on 6/1/15 the patient had complaints of pain in neck and upper back and radiation and numbness in hand. Physical examination of the cervical region revealed tenderness on palpation, muscle spasm, positive foraminal compression test and limited range of motion. Patient was recommended for cervical ESI. The patient has had MRI of the cervical spine on 10/4/13 that revealed disc protrusions, central canal narrowing, and degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of the cervical spine QTY: 1: 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 & Upper Back (updated 6/25/15 Magnetic resonance imaging- MRI).

Decision rationale: Request: Updated MRI of the cervical spine QTY: 1. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The patient has had MRI of the cervical spine on 10/4/13 that revealed disc protrusions, central canal narrowing, and degenerative changes. Per the note dated 9/8/15 and on 6/1/15 the patient had complaints of pain in the neck and upper back and radiation and numbness in the hand. The physical examination of the cervical region revealed tenderness on palpation, muscle spasm, positive foraminal compression test and limited range of motion. The patient has been treated conservatively with physical therapy and medications and still has significant radicular pain in the upper extremities with numbness. At this time an imaging study of the cervical spine (MRI) is indicated to further evaluate the cause of the persistent symptoms. The request for Updated MRI of the cervical spine QTY: 1 is medically necessary and appropriate for this patient at this time.