

Case Number:	CM15-0182615		
Date Assigned:	09/23/2015	Date of Injury:	05/14/2015
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This is a 49 year old male patient, who sustained an industrial injury on 05-14-2015. He sustained the injury while lifting a battery on to a pallet on 9/14/2012 and he sustained cumulative trauma from 5/14/2014 to 5/14/2015. The diagnoses include cervical spine sprain-strain, rule out herniated nucleus pulposus; rule out cervical radiculopathy; bilateral wrist and hand pain; rule out bilateral wrist carpal tunnel syndrome; rule out bilateral hand tenosynovitis; thoracic spine sprain-strain, rule out herniated nucleus pulposus; lumbar spine sprain-strain, rule out herniated nucleus pulposus; and rule out lumbar radiculopathy. Per the progress report from the treating physician, dated 07-13-2015, he had complaints of burning, radicular neck pain at 9 out of 10 in intensity on a pain analog scale with numbness and tingling of the bilateral upper extremities; burning bilateral wrist and hand pain at 9 out of 10 in intensity; weakness, numbness, tingling, and pain radiating to the finger; burning, radicular mid back pain at 9 out of 10 in intensity; burning radicular low back pain at 9 out of 10 in intensity with numbness and tingling of the bilateral lower extremities. The physical examination revealed tenderness to palpation over the cervical paraspinal muscles, bilaterally, with decreased range of motion; tenderness to palpation at the carpal tunnel and first dorsal extensor muscle compartment, with decreased range of motion; sensation to pinprick and light touch diminished; motor strength 4 out of 5 in all the represented muscle groups in the upper extremities; tenderness to palpation at the trapezius muscles, and over the bilateral thoracic paraspinal muscles, with decreased range of motion; tenderness to palpation at the lumbar paraspinal muscle and over the lumbosacral junction, with decreased range of motion; decreased sensation to pinprick and light touch; and

motor strength 4 out of 5 in all the represented muscle groups in the lower extremities, decreased light touch and pinprick sensation in C5, C6, C7 and T1 dermatomes. The medications list includes Dicoprofenol, Deprazine, Fanatrex, Tabradol, Synapryn, Ketoprofen cream, and Cyclobenzaprine cream. Treatments have included medications, X-rays, CT scan, MRIs, injections, massage therapy, and physical therapy for date of injury- 9/14/2012. Details regarding these previous X-rays, CT scan or MRIs were not specified in the records provided. He has had MRI of the cervical spine, dated 08-05-2015 which revealed C5-6, left uncinated arthropathy produces left neuroforaminal narrowing; C6-7, 3.9mm disc protrusion that indents the spinal cord producing spinal canal narrowing; and combined with facet and uncinated arthropathy, bilateral neuroforaminal narrowing. The treatment plan has included the retrospective request (date of service 08-05-2015) for MRI of the cervical spine, quantity: 1.00. The original utilization review, dated 08-28-2015, non-certified a retrospective request (date of service 08-05-2015) for MRI of the cervical spine, quantity: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 8/5/2015) for MRI of the cervical spine, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: 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." 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 records provided did not specify any progression of neurological deficits in this patient. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Response to recent conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A recent cervical spine X-ray report is not specified in the records provided. An electro-diagnostic study with evidence of cervical radiculopathy is not specified in the records provided. The patient has had prior X-rays, CT scan, MRIs, injections, massage therapy, and physical therapy for date of injury 9/14/2012. Details regarding these previous X-rays, CT scan or MRIs were not specified in the records provided. The medical necessity of Retrospective request (DOS 8/5/2015) for MRI of the cervical spine, QTY: 1.00 is not established for this patient.