

Case Number:	CM15-0192690		
Date Assigned:	10/06/2015	Date of Injury:	02/01/2013
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/30/2015

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 54 year old female who sustained an industrial injury on 2-1-2013. A review of the medical records indicates that the injured worker is undergoing treatment for ongoing cervical radiculitis and status post previous right shoulder subacromial decompression with residual loss of range of motion and weakness. According to the progress reports dated 6-1-2015 to 8-24-2015, the injured worker complained of pain about the right and left paracervical muscles with radiation to the right interscapular region of the right upper arm, forearm and hand. Per the treating physician (5-19-2015), the injured worker was temporarily totally disabled. The physical exam (8-24-2015) revealed moderate tenderness about the right and left paracervical muscles. Cervical spine range of motion was decreased. There was decreased sensation about the posterior, lateral bilateral upper extremities. The patient had 5/5 strength in cervical region. Treatment has included right shoulder arthroscopy on 7/21/14, physical therapy, acupuncture and medications. Magnetic resonance imaging (MRI) of the cervical spine dated 2-20-2015 showed a 2mm left foraminal disc osteophyte complex at C6-C7 resulting in abutment of the exiting left cervical nerve root; a 3mm disc protrusion at C4-C5 resulting in abutment of the cervical cord with mild to moderate central canal narrowing and reversal of the cervical lordosis. The patient has had EMG of right upper extremity on 7/24/15 that revealed no cervical radiculopathy and revealed mild CTS. Per the progress report dated 6-1-2015, the injured worker had not had any recent physical therapy for the cervical spine. The original Utilization Review (UR) (9-9-2015) denied a request for cervical magnetic resonance imaging (MRI). The patient

sustained the injury when she hit by a piece of steel. The medication list includes Norco, Gabapentin and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation 2015 online guidelines: Indications for Imaging-MRI (Magnetic Resonance Imaging).

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 06/25/15), Magnetic resonance imaging (MRI).

Decision rationale: MRI of the cervical spine. 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 ODG low back guidelines cited below, "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 patient had magnetic resonance imaging (MRI) of the cervical spine dated 2-20- 2015 that revealed foraminal disc osteophyte complex and disc and mild to moderate central canal narrowing. Significant changes in the objective physical examination findings since the last study, which would require a repeat MRI study, were not specified in the records provided. The patient does not have any severe, progressive neurological deficits that are specified in the records provided. The patient has had an EMG of the right upper extremity on 7/24/15 that revealed no cervical radiculopathy. Findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for MRI of the cervical spine is not fully established for this patient. Therefore, the request is not medically necessary.