

Case Number:	CM15-0198861		
Date Assigned:	10/14/2015	Date of Injury:	05/15/2013
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 57 year old female who sustained a work-related injury on 5-15-13. Medical record documentation on 8-31-15 revealed the injured worker was being treated for TMC arthritis of the bilateral hands, probably cervical radiculopathy, and possible carpal tunnel syndrome. She reported pain from her neck down both upper extremities and pain in the bilateral hands, wrists, and forearms. She had numbness and tingling in all digits bilaterally. Her medication regimen included Ibuprofen, Alprazolam, Vicodin, gabapentin and Flexeril. Objective findings included mild to moderate TMC joint tenderness bilateral with no crepitus. She had full range of motion of all digits in both hands, in the wrists and elbows. She had negative Tinel's test at the bilateral wrists and elbows. She had negative Phalen's, Grind, and Finkelstein's tests bilaterally. X-rays are documented as revealing severe TMJ joint narrowing on the right hand and moderate narrowing on the left hand. She had mild IP joint narrowing of the bilateral thumbs. Her DIP joint had narrowing at multiple digits bilaterally. An MRI of the cervical spine on 10-15-14 is documented by the evaluating physician as revealing mild-to moderate multilevel degenerative disc disease of the cervical spine, with mild right neuroforaminal narrowing at C4-5, moderate neuroforaminal narrowing at C4-5 with mild central stenosis, 1-2 mm posterior broad-based disc protrusion at C5-6 with moderate left neuroforaminal narrowing, and 2 mm disc protrusion at C6-7 with bilateral neuroforaminal narrowing. The treatment plan included spine surgery consultation, repeat MRI of the cervical spine and occupational therapy. On 9-11-15, the Utilization Review physician determined MRI of the cervical spine and spine consultation were not medically necessary.

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

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, Magnetic resonance imaging (MRI).

Decision rationale: Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Per ODG, indications for MRI of the cervical spine are chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). In this case there is no documentation to support that there has been any change in the patient's condition or the development of additional neurologic deficits. The patient does not have any indication for repeat cervical MRI. The request is not medically necessary.

Spine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

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

Decision rationale: Referral for surgical consideration is indicated for patient who have: 1) persistent, severe, and disabling shoulder or arm symptoms, 2) activity limitation for more than

one month or with extreme progression of symptoms, 3) clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and 4) unresolved radicular symptoms after receiving conservative treatment. In this case there is no documentation in the medical record to support that the patient has a surgical lesion that will benefit from surgical repair. There is no medical indication for spine consult. The request is not medically necessary.