

Case Number:	CM15-0200100		
Date Assigned:	10/15/2015	Date of Injury:	02/19/2008
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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 50 year old female with a date of injury on 12-19-08. A review of the medical records indicates that the injured worker is undergoing treatment for neck, upper back, shoulders, upper arms, forearms, elbows, wrists, and hands. Progress report dated 7-28-15 reports complaints of constant headaches and pain in neck, upper back, shoulder, upper arms, forearms, elbows, wrists, and hands. The pain is described as dull, sharp, achy, throbbing, burning, spasmodic and shooting. Physical exam: cervical spine is tender with restricted range of motion due to pain. EMG nerve conduction studies of bilateral upper extremities 1-21-11 revealed moderate chronic cervical radiculopathy on the right and moderate bilateral carpal tunnel syndrome. EMG of bilateral upper extremities on 7/15/15 that was normal and X-ray revealed prior fusion MRI of cervical spine done April 2005 was blurry but still showed very large cervical disc herniation, new MRI recommended. The patient's surgical history include three cervical spine surgery including fusion on 12/2012, right CTR on 2011. Per the note dated 8/31/15 the patient had complaints of pain in neck. Physical examination of the cervical spine revealed limited range of motion and tenderness on palpation. The patient had received an unspecified number of massage and PT visits for this injury. The patient had used NSAIDs for this injury. The medication list includes Norco, Soma and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

3.0 Tesla MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: 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 MRI of cervical spine done April 2005 that revealed very large cervical disc herniation. Significant changes in objective physical examination findings since the last MRI study, which would require a repeat MRI study, were not specified in the records provided. The patient had EMG of bilateral upper extremities on 7/15/15 that was normal. The patient does not have any severe, progressive neurological deficits that are specified in the records provided. The 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 request for Tesla MRI of the Cervical Spine is not medically necessary or fully established for this patient.

CT Scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

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." 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 did not have signs or symptoms of progressive neurological deficits. The patient had MRI of cervical spine done April 2005 that revealed very large cervical

disc herniation. Significant changes in objective physical examination findings since the last imaging study, which would require a repeat imaging study, were not specified in the records provided. The patient had EMG of bilateral upper extremities on 7/15/15 that was normal. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The request for CT scan of the cervical spine is not medically necessary or fully established in this patient.

X-ray of the cervical spine with AP Flexion and Extension views: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

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) Radiography (x-rays).

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "Criteria for ordering imaging studies are: Physiologic evidence of tissue insult or neurologic dysfunction." Per the cited guidelines, "For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Indications for imaging -- X-rays (AP, lateral, etc.): Chronic neck pain, patients of any age, history of previous remote neck surgery, first study - Post-surgery: evaluate status of fusion." EMG nerve conduction studies of bilateral upper extremities 1-21-11 revealed moderate chronic cervical radiculopathy on the right and moderate bilateral carpal tunnel syndrome. The patient had MRI of cervical spine done April 2005 that revealed very large cervical disc herniation. The patient's surgical history includes three cervical spine surgeries including fusion on 12/2012. Per the note dated 8/31/15 the patient had complaints of pain in the neck. Physical examination of the cervical spine revealed limited range of motion and tenderness on palpation. There is some physiological evidence of tissue insult. Per the cited guidelines an X-ray is indicated to evaluate the status of the fusion. X-ray of the cervical spine with AP, Flexion and Extension views was requested to aid in patient management. The request for the X-ray of the cervical spine with AP, Flexion and Extension views is medically necessary and appropriate for this patient at this time.