

Case Number:	CM15-0202832		
Date Assigned:	10/19/2015	Date of Injury:	01/07/2015
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: California
 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 49 year old female sustained an industrial injury on 1-7-15. Documentation indicated that the injured worker was receiving treatment for cervical disc disease and bilateral trapezius strain. Previous treatment included physical therapy, acupuncture and medications. Magnetic resonance imaging cervical spine (6-29-15) showed disc herniation at C3-4, C4-5 and C5-6 with mild stenosis and mild right foraminal narrowing and diffusion disc bulge at C6-7 indenting the ventral thecal sac. In a permanent and stationary evaluation dated 7-2-15, the injured worker complained of ongoing neck pain, rated 9 out of 10 on the visual analog scale. The injured worker reported that physical therapy and acupuncture had made her pain worse. Medications provided no significant relief. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature and mild tenderness to palpation to the bilateral trapezius muscles with range of motion: forward flexion 40 degrees, extension 30 degrees, bilateral lateral rotation 80 degrees and bilateral lateral flexion 45 degrees and shoulder range of motion unrestricted in all planes and bilateral upper extremities with 5 out of 5 motor strength and intact sensation. The physician documented that the injured worker had failed to improve with conservative management. The injured worker's subjective complaints of radicular type symptoms down the left side were inconsistent with magnetic resonance imaging findings of multilevel cervical disc disease with "some foraminal narrowing on the right". The physician stated that he could not recommend any injections or surgical intervention as there was no evidence of stenosis or narrowing where the injured worker's symptoms were. The physician stated that the injured worker had reached maximum medical improvement and was now

permanent and stationary. In a doctor's first report of occupational injury dated 9-2-15, the injured worker complained of headaches and pain to the left knee, right ankle, bilateral shoulders, left hip, left elbow, cervical spine, thoracic spine and lumbar spine, rated 5 to 9 out of 10. Physical exam was remarkable for lumbar spine with tenderness to palpation to bilateral paraspinal musculature, bilateral shoulders with limited range of motion, 0 to 130 degrees, tenderness to palpation at the biceps tendon, bilateral elbows with full range of motion, bilateral hands with full range of motion. The treatment plan included a functional capacity evaluation, electromyography and nerve conduction velocity test of bilateral upper extremities, chiropractic therapy, medications (Flexeril, Ibuprofen, Prilosec and Tramadol) and stand up magnetic resonance imaging of the cervical spine, lumbar spine, and left knee. On 9-14-15, Utilization Review noncertified a request for stand-up magnetic resonance imaging for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stand-up MRI for 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, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back: Standing MRI.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. There is no documentation of worsening symptoms. A recent neurological exam was normal. There are no documented red flags. Patient had a recent MRI on 6/29/15 with no indication for any additional repeat imaging. Review of Official Disability Guidelines concerning "standing" MRI shows that it is considered experimental with no evidence to show any benefit beyond a standard MRI. Standing MRI of cervical spine is not medically necessary.