

Case Number:	CM15-0202955		
Date Assigned:	10/19/2015	Date of Injury:	05/14/2013
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 5-14-13. The injured worker was diagnosed as having trapezial and paracervical strain, bilateral carpal tunnel syndrome and rule out cervical radiculopathy. Treatment to date has included physical therapy and medications. Diagnostics studies included X-rays of cervical spine (12-12-12); MRI lumbar spine (10-30-13). Currently, the PR-2 notes dated 9-8-15 by the provider indicated the injured worker complains "of some pain in his elbows with numbness which radiates down into the ring and small fingers. He will awaken at night with pain and numbness in the hands. He continues with pain in his lower back." Objective findings are documented as "A detailed examination of the upper extremities was performed. He has full range of motion of the upper extremities. There is slight trapezial and paracervical tenderness. The Tinel's sign is positive at the cubital tunnels bilaterally. The elbow flexion tests are negative. The Tinel's sign is negative at the carpal tunnels. There is mild tenderness over the ulnar nerve at the right elbow. The Phalen's test is equivocal bilaterally. He is NVI distally. The Spurling's test is equivocal." The provider's treatment plan notes the injured worker is having persistent numbness in his upper extremities. He feels he requires a MRI scan of the cervical spine to "rule out any cervical spine pathology contributing to a double crush type phenomenon." He is requesting a cervical spine MRI and EMG-NCV study of the upper extremities. X-rays of the cervical spine dated 12-12-12 impression was submitted with the medical records revealing: "Minimal degenerative disc disease at C5-6, otherwise unremarkable cervical spine." PR-2 notes dated 8-7-15 and 7-15-15

indicated the injured worker was in the office for a follow-up consultation for low back pain with left greater than right lower extremity symptoms "7 out of 10" pain scale. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 10-8-15 and non-certification for MRI of the cervical spine. A request for authorization has been received for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

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

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, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "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". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging". Indications for imaging, MRI (magnetic resonance imaging): 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. The treating physician has not provided evidence of red flags to meet the criteria above. As, such the request for MRI (Magnetic Resonance Imaging) of the cervical spine is not medically necessary.