

Case Number:	CM15-0204213		
Date Assigned:	10/21/2015	Date of Injury:	01/04/2013
Decision Date:	12/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/17/2015

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: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 01-04-2013. She has reported injury to the neck and low back. The diagnoses have included cervical radiculopathy; cervical disc bulge, C4-C5 and C6-C7; lumbar strain; thoracic pain; myofascial pain. Treatment to date has included medications, diagnostics, massage therapy, physical therapy, and home exercise program. Medications have included Norco, Lidoderm patch, Baclofen, Cymbalta, and Ativan. A progress report from the treating provider, dated 09-17-2015, documented an evaluation with the injured worker. The injured worker reported axial pain with numbness and tingling of her arm and legs; diffuse muscle spasms throughout her body and radiating up to her head; weakness of her arms and legs; she is having total body pain and tingling throughout her body; she has constant pain, but tries not to take pain meds unless she has episodic flares; she is having incontinence of her stool while walking; and she is also complaining of worsening numbness, tingling, weakness of her arms, hands, legs, and feet. Objective findings included tenderness to palpation of the neck; pain worsened with extension, flexion, rotation, and lateral flexion; 4 out of 5 motor strength of the right arm and leg; 4- out of 5 of the left arm and leg; decreased sensation to light touch of bilateral arms and legs; tenderness to palpation of the back; and pain worsened with extension, flexion, rotation, and lateral flexion. The treatment plan has included the request for MRI (magnetic resonance imaging) cervical spine without contrast. The original utilization review, dated 09-24-2015, non-certified the request for MRI (magnetic resonance imaging) cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient presents on 09/17/15 with "total body pain" and diffuse muscle spasms throughout the body and radiating into her head, with associated weakness in all extremities. The patient's date of injury is 01/04/13. The request is for MRI (magnetic resonance imaging) cervical spine without contrast. The RFA is dated 09/17/15. Physical examination dated 09/17/15 reveals tenderness to palpation of the cervical spine, decreased sensation to light touch of the bilateral upper extremities, reduced strength in the upper extremities, and pain elicitation upon motion of the cervical spine. The patient is currently prescribed Norco, Cymbalta, Lidoderm, and Baclofen. Diagnostic imaging includes cervical MRI dated 01/06/15, noting moderate to severe disc protrusions at C3 through C7 levels with mild to moderate foraminal stenosis and facet hypertrophy/arthritis at multiple levels. Patient is currently not working. MTUS/ACOEM Guidelines, Neck Complaints, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Official Disability Guidelines, Neck chapter, under Magnetic Resonance Imaging has the following: 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. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. 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). 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. In regard to the repeat MRI of the cervical spine, the requesting physician has not provided evidence of progressive neurological deficit. In this case, the patient presents with chronic cervical spine pain with a radicular component. This patient underwent MRI imaging on 01/06/15 and 03/05/15 with significant findings noted at multiple levels. Per progress report dated 09/17/15, the provider notes that this patient presents with cervical spine pain with decreased sensation in the bilateral upper extremities. A review of the records provided reveals

that this patient's complaints remain largely unchanged from previous encounters, with progress notes dated 05/13/15 and 03/17/15 reporting identical complaints of cervical spine pain and numbness/tingling in the bilateral upper extremities. MTUS Guidelines require unequivocal objective findings of progressive neurological deficit in order to justify repeat MRI imaging. While this patient presents with significant unresolved cervical spine pain, without documentation of increasing neurological deficit or other "red flags" which are clearly indicative of progressive neurological insult, the request for repeat MRI imaging cannot be substantiated. Therefore, the request is not medically necessary.