

Case Number:	CM15-0023505		
Date Assigned:	02/13/2015	Date of Injury:	10/08/2014
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 46-year-old male who sustained an industrial injury on 10/08/14. He reports neck pain with radicular symptoms in his left upper extremity, bilateral forearm and wrist pain, significant pain in his lower back, and bilateral knee pain with instability noted in the left knee. Treatments to date include medications and physical therapy. Diagnoses include left shoulder impingement syndrome, bursitis, tendonitis, and possible tear of the cuff, musculoligamentous strain of the cervical and lumbar spine, cervical spondylosis, bilateral lateral epicondylitis, sprain/strain of forearm, traumatic internal derangement of bilateral knee joints, left ankle strain/sprain. In a progress note dated 01/08/15 the treating provider recommends MRI of the cervical and lumbar spine, MRI of the right knee, EMG/NCV of the bilateral upper and lower extremities, physical therapy for the left shoulder, bilateral wrists, cervical and lumbar spine, and acupuncture. On 01/22/15 Utilization Review non-certified the MRI of the cervical spine, citing MTUS guidelines.

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 ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper extremity. The request is for MRI OF THE CERVICAL SPINE. The patient has had a previous MRI of the cervical spine on 11/21/14, which showed 1) no significant extradural defects. 2) no disc bulge, canal stenosis or neural foraminal. X-ray of the cervical spine on 12/03/14 reveals. 1) loss of cervical lordosis. 2) narrowing at C5-6 level. Per 01/08/15 progress report, there is tenderness over the paraspinal muscles. Neurological exam reveals sensation is grossly decreased over the left forearm. Motor strength Test slight decreased with wrist extension and flexion, secondary to pain and guarding. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under 'Special Studies and Diagnostic and Treatment Considerations' states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater does not explain why another set of MRI's are being requested when the patient just had an MRI on 11/21/14. The current request is from 1/8/15 and it is possible that the treater is not aware of the MRI just performed 6 weeks prior. There has been no intervening new injury, or red flags to warrant another set of MRI's. The request for repeat MRI IS NOT medically necessary.