

Case Number:	CM15-0212492		
Date Assigned:	11/02/2015	Date of Injury:	05/01/2008
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on 5-1-2008. The injured worker is undergoing treatment for cervical radiculitis, lumbar radiculopathy and carpal tunnel syndrome. Medical records dated 4-2-2019, 5-11-2015, 6-24-2015, 8-5-2015 and 9-16-2015 indicate the injured worker complains of neck, bilateral upper extremities and leg pain. For physical exams dated 4-2-2019, 5-11-2015, 6-24-2015, 8-5-2015 and 9-16-2015 the treating physician notes only "no change" or "same." Treatment to date has included home exercise program (HEP) and undisclosed medication. The original utilization review dated 9-29-2015 indicates the request for magnetic resonance imaging (MRI) of cervical spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.com; Section: Neck and Upper Back (Acute and Chronic).

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 section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. 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 with 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 a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. 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, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured workers working diagnoses are cervical radiculitis; lumbar radiculopathy; and carpal tunnel syndrome. The date of injury is May 1, 2008. Request for authorization is dated September 23, 2015. According to the documentation in progress notes April 2015 through September 2015 (five visits), there are no objective/physical examinations in the medical record. According to the September 16, 2015 progress note, subjective complaints include men and bilateral upper extremity pain. Objectively, the documentation states "no change". The treating provider has requested magnetic resonance imaging scan of the cervical spine EMGs and NCVs. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging. There is no neurologic evaluation. As noted above, there is no objective physical examination as far back as April 2015. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no unequivocal objective neurologic findings, no physical examination and no neurologic evaluation, Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary.