

Case Number:	CM15-0218801		
Date Assigned:	11/10/2015	Date of Injury:	09/20/2012
Decision Date:	12/22/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/06/2015

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 43 year old male, who sustained an industrial injury on 09-20-2012. The injured worker is currently working part-time with modifications. Medical records indicated that the injured worker is undergoing treatment for cervical disc displacement, lumbosacral intervertebral disc displacement, thoracic intervertebral disc displacement, and right shoulder bicipital tendinitis. Treatment and diagnostics to date has included chiropractic treatment, thoracic spine MRI, Toradol injection, and medications. Recent medications have included Gabapentin, Anaprox, Protonix, and Tramadol-Acetaminophen. Subjective data (06-25-2015, 09- 25-2015, and 10-09-2015), included head, neck, right shoulder, mid back, and low back pain with radiation and numbness into legs. Objective findings (10-09-2015) included radicular symptoms in the lower extremities. The treating physician noted that the injured worker's was "normal". The Utilization Review with a decision date of 11-02-2015 non-certified the request for MRI of the 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 of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, MRI of the cervical spine without contrast 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 worker's working diagnoses are other cervical disc displacement, unspecified cervical region, lumbosacral region, thoracic region; and bicipital tendinitis right shoulder. Date of injury is September 20, 2012. Request for authorization is October 14, 2015. According to an October 9, 2015 progress note, the injured worker received chiropractic treatment. The documentation indicates the treating provider was provided with limited medical records. Subjectively, the worker complains of head, neck, right shoulder and mid back pain. Objectively, physical examination shows spasm and guarding at the lumbar spine. There is no cervical spine examination. There is no neurologic evaluation of the upper extremities. There are no unequivocal objective findings demonstrating nerve compromise. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination of the cervical spine, no neurologic evaluation of the cervical spine and upper extremities and no unequivocal objective findings demonstrating nerve compromise, MRI of the cervical spine without contrast is not medically necessary.