

Case Number:	CM15-0221577		
Date Assigned:	11/17/2015	Date of Injury:	05/11/2015
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/11/2015

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 29 year old male who sustained an industrial injury on 5-11-2015. A review of medical records indicates the injured worker is being treated for cervical sprain strain, thoracic sprain strain, lumbar sprain strain without radiculopathy, and bilateral wrist and hand pain. Medical records dated 8-28-2015 noted profound numbness, tingling in his legs as well as essentially a dead arm in the right upper extremity. Physical examination noted diffuse paraspinal tenderness C4 through C7, as well as upper traps. There was tenderness of the thoracic and lumbar spine. Range of motion was restricted. Treatment has included 6 sessions of physical therapy. Utilization review form dated 10-21-2015 non-certified 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 (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 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 worker's working diagnoses are cervical sprain strain; thoracic sprain strain: lumbar sprain strain without radiculopathy; and bilateral wrist and hand sprain. Date of injury is May 11, 2015. Request for authorization is September 24, 2015. According to an August 28, 2015 progress note, the injured worker complains of numbness, tingling in the legs and a dead arm sensation. Objectively, there is diffuse paraspinal muscle tenderness from C4 through C7 and the upper trapezius. There is no change in the physical examination from the June 2015 progress note. There is no neurologic evaluation of the cervical spine and upper extremities. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. As noted above, there is no neurologic evaluation. There were no red flags. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no unequivocal objective findings that identify specific nerve compromise on a neurologic evaluation, MRI cervical spine is not medically necessary.