

Case Number:	CM15-0223657		
Date Assigned:	11/19/2015	Date of Injury:	04/10/2015
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/13/2015

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 54-year-old female who sustained an industrial injury on 4-10-2015 and has been treated for cervicothoracic radiculopathy, muscle contracture, myalgia, and ligament sprain of cervical and thoracic spine. Diagnostic cervical MRI dated 7-5-2015 revealed straightening of cervical lordosis, C2-6 left neural foraminal narrowing secondary to disc protrusion, and C4-5 bilateral foraminal narrowing, with note of canal stenosis at C4-5. On 10-21-2015 the injured worker reported dull and aching neck and mid-back pain rated at 8 out of 10 without medications and 6 out of 10 with medication. Neck pain was noted to be aggravated with turning side-to-side and up and down, and associated with headaches and radiating pain, tingling and numbness to both upper extremities. The mid back was stated to become worse with forward bending and lifting, and had radiation of pain, tingling and numbness to the bilateral ribs. She also had pain in the low back, both shoulders and both hips. She reported that pain was interfering with sleep. Objective findings include decreased and painful range of motion at both the cervical and thoracic areas of the spine with tenderness to palpation of bilateral trapezii, cervical and thoracic paravertebral muscles. Muscle spasm was also noted at both levels. Documented treatment includes trigger point injection providing 50-60 percent decrease in pain for one week; Anaprox; Cyclobenzaprine; compound topical creams; Toradol injection; and the physician is requesting physiotherapy and acupuncture for the cervical spine. The treating physician's plan of care includes MRI of the cervical and thoracic spine which was non-certified on 11-4-2015. The injured worker is currently not working.

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 and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The 54 year old patient complains of neck pain associated with headaches and radiating pain, numbness and tingling in bilateral upper extremities; low back pain associated with radiating pain, numbness and tingling in bilateral lower extremities; bilateral shoulder pain; bilateral hip pain; and loss of sleep; as per progress report dated 10/21/15. The request is for MRI OF THE LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 04/10/15. Diagnoses, as per progress report dated 10/21/15, included radiculopathy of cervicothoracic region, contracture of muscle, sprain of ligaments of the cervical spine, sprain of ligaments of the lumbar spine, sprain of ligaments of the thoracic spine, strain of muscles and tendons of rotator cuff of bilateral shoulders, hip pain, insomnia and sleep disorder. Medications include Naproxen, Omeprazole, Cyclobenzaprine, and topical compounded creams. Diagnoses, as per progress report dated 09/23/15, included cervical myositis, cervical myalgia, cervical radiculopathy, cervical spine sprain/strain, cephalgia, thoracic sprain/strain, lumbosacral sprain/strain, lumbosacral radiculopathy, shoulder rotator cuff syndrome, shoulder sprain/strain, hip trochanteric bursitis, hip sprain/strain, insomnia, anxiety and depression. The patient is off work, as per progress report dated 10/21/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations states: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist. ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. In this case, the patient is suffering from neck pain. Physical examination of the cervical spine, as per progress report dated 10/21/15, revealed reduced and painful range of motion, tenderness to palpation in bilateral trapezii and paravertebral muscles, and muscle spasms. Physical examination, as per progress report dated 09/23/15, revealed positive Spurling's test and cervical distraction test bilaterally. A request for cervical MRI is also noted in progress report dated 07/15/15. An MRI report, dated 07/29/15, revealed disc protrusions with foraminal narrowing at C2-3, C3-4, C4-5 and C5-6, and

disc protrusion without foraminal narrowing at C6-7. The current request for cervical MRI is noted in progress report dated 10/21/15. The treater does not explain the purpose of a repeat study. The patient is not post-op, and there are no red flags, progressing neurologic deficits, or new injuries to warrant a repeat study. Hence, the request IS NOT medically necessary.

MRI Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The 54 year old patient complains of neck pain associated with headaches and radiating pain, numbness and tingling in bilateral upper extremities; low back pain associated with radiating pain, numbness and tingling in bilateral lower extremities; bilateral shoulder pain; bilateral hip pain; and loss of sleep; as per progress report dated 10/21/15. The request is for MRI THORACIC SPINE. There is no RFA for this case, and the patient's date of injury is 04/10/15. Diagnoses, as per progress report dated 10/21/15, included radiculopathy of cervicothoracic region, contracture of muscle, sprain of ligaments of the cervical spine, sprain of ligaments of the lumbar spine, sprain of ligaments of the thoracic spine, strain of muscles and tendons of rotator cuff of bilateral shoulders, hip pain, insomnia and sleep disorder. Medications include Naproxen, Omeprazole, Cyclobenzaprine, and topical compounded creams. Diagnoses, as per progress report dated 09/23/15, included cervical myositis, cervical myalgia, cervical radiculopathy, cervical spine sprain/strain, cephalgia, thoracic sprain/strain, lumbosacral sprain/strain, lumbosacral radiculopathy, shoulder rotator cuff syndrome, shoulder sprain/strain, hip trochanteric bursitis, hip sprain/strain, insomnia, anxiety and depression. The patient is off work, as per progress report dated 10/21/15. MTUS/ACOEM Guidelines, Low Back Complaints, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, the patient complains of mid back pain, rated at 8/10 with medications and 6/10 without medications, as per progress report dated 10/21/15. Physical examination of the thoracic spine, as per progress report dated 10/21/15, revealed reduced and painful range of motion, tenderness to palpation in bilateral trapezii and paravertebral muscles, and muscle spasms. Physical examination, as per progress report dated 09/23/15, included parathoracic myospasm bilaterally from T1 through T12. There is no evidence of a prior MRI of the thoracic spine. However, the treater does not document any neurologic deficit to warrant an MRI, as required by ODG. Given the lack of relevant documentation, the request IS NOT medically necessary.