

Case Number:	CM15-0225574		
Date Assigned:	11/24/2015	Date of Injury:	06/19/1994
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/16/2015

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:

This 65 year old female sustained an industrial injury on 6-19-94. Documentation indicated that the injured worker was receiving treatment for neck sprain and strain, bilateral carpal tunnel syndrome, bilateral shoulder calcifying tendinitis and left elbow epicondylitis. Previous treatment included bilateral shoulder arthroscopy (2007), bilateral carpal tunnel release, left thumb trigger release x 2, physical therapy, splinting and medications. Magnetic resonance imaging cervical spine (5-15-15) showed multilevel facet arthropathy with osteophyte complex and hypertrophy. In a PR-2 dated 6-26-15, the injured worker complained of neck pain associated with spasms and a "pins and needles" sensation as well as bilateral shoulder, left elbow and bilateral hand and wrist pain associated with numbness and tingling in the 3rd and 4th digits of both hands. Physical exam was remarkable for cervical spine with "generalized moderate" tenderness to palpation as well as tenderness to palpation over the shoulder girdle and left trapezius, "moderately" restricted range of motion in all planes with pain in all directions, normal stability, strength and tone, positive bilateral Spurling's sign, dysesthesia to pinprick at the C5-6 distribution and 1+ reflexes to bilateral upper extremities. The injured worker's head was held in a flexed position. In the most recent documentation submitted for review, a PR-2 dated 9-18-15, subjective complaints and objective findings were unchanged. The treatment plan included continuing ice, massage, home exercise and home cervical traction unit. On 10-23-15, a request for authorization was submitted for magnetic resonance imaging of cervical spine without contrast. On 10-28-15, Utilization Review noncertified a request for magnetic resonance imaging of cervical spine.

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 cervical spine: Upheld

Claims Administrator 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 & Upper Back (Acute & Chronic), Magnetic Resonance Imaging.

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 who do 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 and 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, 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 relevant working diagnoses are neck sprain strain. For additional diagnoses see the progress note dated September 18, 2015. Date of injury is June 19, 1994. Request authorization is October 23, 2015. The documentation indicates the injured worker had three magnetic resonance imaging scans of the cervical spine. One was performed November 14, 2011, March 21, 2014, and May 15, 2015. The documentation by the treating provider and utilization reviewer states the MRI cervical spine was performed June 26, 2015. Hard copy MRI cervical spine was dated May 15, 2015. The May 15, 2015 MRI cervical spine showed degenerative spondylosis greatest at C5 - C6 with moderate central canal and bilateral neural foraminal narrowing. Utilization review indicates the MRI from June 26, 2015 confirmed the presence of disk herniation at C4 - C5 and C5 - C6. According to a September 18, 2015 progress note, the injured worker has ongoing cervical spine pain with pins and needles posteriorly with spasm. Objectively, there is tenderness over the left trapezius and in and about the midline. Range of motion is decreased. The treatment plan did not contain a clinical indication or rationale for repeating (a fourth time) an MRI of the cervical spine. There was no documentation of a significant change in symptoms and/or findings suggestive of significant pathology. There

were no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Based on the medical information in the medical record, peer-reviewed evidence-based guidelines, no significant change in symptoms and or objective findings suggestive of significant pathology and no unequivocal objective findings or identifying specific nerve compromise neurologically, MRI of the cervical spine is not medically necessary.