

Case Number:	CM15-0051035		
Date Assigned:	03/24/2015	Date of Injury:	03/17/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 47-year-old female who sustained an industrial injury on 3/17/12 involving her neck and back. The mechanism of injury is not indicated in the documents available. She currently is experiencing low back and neck pain. The symptoms are worse than previous visit 5/27/14 and the neck pain is worse than the back pain. Her pain intensity is 10/10. She has sleep disturbances due to pain. Medications are ibuprofen, hydrocodone, omeprazole. Diagnoses include lumbosacral radiculopathy; cervical radiculopathy; anxiety. Treatments to date include physical therapy, cervical spine injections, and anti-inflammatory medications without significant relief. Diagnostics include cervical spine x-ray (3/6/14), cervical and lumbar MRI (4/25/13). In the progress note dated 1/12/15 the treating provider's plan of care include a request for an updated MRI of the cervical spine due to severe neck pain and in preparation for cervical surgery including cervical spine segments. Physical examination of the cervical spine on 1/8/15 revealed limited range of motion, normal sensation and muscle weakness. Physical examination of the cervical spine on 11/12/14 revealed tenderness on palpation, limited range of motion, decreased sensation in bilateral C6-7 distribution and muscle weakness and diminished reflexes in UE. The patient has had MRI of the cervical spine on 4/25/13 that revealed multilevel spondylosis. The patient had received treatment in form of PT visits, acupuncture sessions, trigger point injections, and cervical medial nerve block. The medication list include Ibuprofen, Vicodin and norco. Per the doctor's note in ER dated 2/9/15 patient had complaints of neck and back pain. Physical examination of the cervical region revealed full ROM and normal musculoskeletal examination. Per the doctor's note dated 1/21/15 patient had complaints of severe neck pain with

radiation Physical examination revealed limited range of motion of the cervical region and decreased sensation and reflexes in bilateral UE

IMR ISSUES, DECISIONS AND RATIONALES

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

One single positional MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14)Magnetic resonance imaging (MRI).

Decision rationale: Request one single positional MRI cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out."Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags."Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation)."The patient has had MRI of the cervical spine on 4/25/13 that revealed multilevel spondylosis. The symptoms are worse than previous visit 5/27/14 and the neck pain is worse than the back pain. Her pain intensity is 10/10. She has sleep disturbances due to pain. Diagnoses include lumbosacral radiculopathy; cervical radiculopathy; anxiety. Treatments to date include physical therapy, cervical spine injections, and anti-inflammatory medications without significant relief. Physical examination of the cervical spine on 11/12/14 revealed tenderness on palpation, limited range of motion, decreased sensation in bilateral C6-7 distribution and muscle weakness and diminished reflexes in UE. The patient had received treatment in form of PT visits, acupuncture sessions, trigger point injections, and cervical medial nerve block. The medications tried include Ibuprofen, Vicodin and norco. Per the doctor's note, dated 1/21/15 patient had complaints of severe neck pain with radiation. Physical examination revealed limited range of motion of the cervical region and decreased sensation and reflexes in bilateral UE.A period of conservative care and observation has been completed and the pt continues to have pain with significant objective exam findings. A MRI is medically appropriate and necessary in this situation to guide further treatment. The request for one single positional MRI cervical spine is medically necessary and appropriate for this patient.