

Case Number:	CM15-0056287		
Date Assigned:	04/01/2015	Date of Injury:	02/28/2012
Decision Date:	05/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/24/2015

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 41 year old male, who sustained an industrial injury on 2/28/2012. Diagnoses include cervical spondylosis, chronic lumbago, right shoulder impingement syndrome and AC joint degenerative disease, right shoulder trochanteric bursitis, possible right intermittent L3 and L4 radiculopathy, posterior medial meniscal degeneration/tear right knee, thoracic strain and left extensor carpi ulnaris tendonitis. Treatment to date has included diagnostics including radiographic imaging, computed tomography (CT) scans and laboratory evaluations, injections and medications. Per the Primary Treating Physician's Orthopedic Spine Surgery Consultation dated 2/12/2015, the injured worker reported constant left sided neck pain extending into the mid scapular region and trapezius. Several times a week he has electrical shocks down the left arm to the hand, and on the right to the triceps and elbow. His pain is rated as 5-7/10. He reports right sided back pain with intermittent right radiating leg pain with numbness and tingling in his feet. He rates the pain as 3-8/10. He also reports bilateral knee pain. Physical examination of the cervical spine revealed tenderness to palpation of the paracervical muscles , base of the neck , base of the skull, trapezius musculature bilaterally and interscapular space. There was decreased sensation over the right C5 and left C6, C7, C8 and T1 dermatomes. Range of motion was decreased. Examination of the shoulders revealed palpable tenderness over the right trapezius and right supraspinatus musculature. There was right shoulder decreased range of motion. Examination of the lumbar spine revealed an antalgic gait with a limp favoring the right. He uses a single point cane for ambulation. There was tenderness over the right sacroiliac joint and decreased sensation over the right L3 and L5 and left L4 dermatome distribution. The plan of

care included diagnostic imaging, physical therapy, medications and injections. Authorization was requested for magnetic resonance imaging (MRI) cervical spine.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI.

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 neck and upper back (acute and chronic) chapter, magnetic resonance imaging.

Decision rationale: The patient presents with constant left sided neck pain rated 5-7/10 extending into the mid scapular region and trapezius. Several times a week he has electrical shocks down the left arm to the hand, and on the right to the triceps and elbow. The request is for MRI OF THE CERVICAL SPINE. The RFA provided is dated 02/12/2015. Physical examination of the cervical spine revealed tenderness to palpation of the paracervical muscles, base of the neck, base of the skull, trapezius musculature bilaterally and interscapular space. There was decreased sensation over the right C5 and left C6, C7, C8 and T1 dermatomes. Patient's diagnosis included cervical spondylosis. Patient is temporarily totally disabled. Regarding MRI, uncomplicated neck pain, chronic neck pain, ACOEM chapter 8 page 177 to 178 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 evidence to warrant imaging studies if symptoms persist." ODG Guidelines, neck and upper back (acute and chronic) chapter, magnetic resonance imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. The rationale for the request is not provided. The medical records provided do not discuss previous cervical MRI and results; however, per the UR letter dated 03/03/15, previous Cervical MRI (unspecified date) revealed congenital stenosis at C3-4 with disc bulge associated with mild to moderate left greater than right foraminal stenosis. Currently, the patient does not present with progressive neurologic deficit, no red flags to consider a repeat MRI. 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, neurocompression, and recurrent disc herniation). In this case, there is no documentation or discussion of significant change in symptoms or findings. The request IS NOT medically necessary.