

Case Number:	CM15-0085210		
Date Assigned:	05/07/2015	Date of Injury:	03/27/1992
Decision Date:	06/15/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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 72-year-old female who sustained an industrial injury on 03/27/1992. Current diagnoses include low back pain and cervicgia. Previous treatments included medication management and chiropractic therapy. Initial injuries included sharp pain in the right triceps and had some dizziness. Report dated 01/08/2015 noted that the injured worker presented with complaints that included pain in the neck, upper back, mid-back, bilateral shoulders, right arm, right hand, right ankle, and toes. Pain level was 5 out of 10 on a visual analog scale (VAS) with medications. Current medications included omeprazole and tramadol. Physical examination was positive for abnormal findings. The physician documented that the pain has become worse with more radiating pain to the shoulder. The last MRI was performed in 1992. The treatment plan included re-request for continued chiropractic therapy, consideration for surgery in the future, request for MRI, continue omeprazole, increased tramadol, and request for cervical x-rays. Disputed treatments include 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 of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

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 and 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 low back pain; and cervicgia. The date of injury is March 27, 1992. The injured worker had an MRI of the cervical spine in 1992 that showed multilevel degenerative changes. Cervical spine x-rays showed DJD and DDD (degenerative joint disease and degenerative disc disease). According to a May 7, 2015 progress note, the VAS pain scale is 8/10 but the documentation does not specify an anatomical region. Objectively, there is tenderness palpation and hypertonicity over the cervical spine muscle groups. There is light touch decreased over the right shoulder on sensory examination. 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 injured worker had an MRI in 1992. The clinical indication for the MRI, according to the treating provider, is ongoing neurological findings. There are no significant ongoing neurologic findings documented in the medical record. Additionally, there are no significant changes in symptoms and/or objective findings suggestive of significant pathology to repeat the MRI cervical spine. The treating provider requested both trigger point injections and chiropractic treatment that were both denied. The ACOEM states unequivocal objective findings that identify specific nerve compromise are sufficient evidence to warrant imaging. There are no unequivocal objective neurologic findings documented in the medical record. Consequently, absent clinical documentation with significant changes in symptoms and/or objective findings, persistent neurological deficits, an MRI from 1992 that did not show any significant findings, no red flags and no unequivocal evidence of neurological compromise, MRI cervical spine is not medically necessary.