

Case Number:	CM15-0086487		
Date Assigned:	05/08/2015	Date of Injury:	04/15/2003
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 4/15/2003. Diagnoses have included Reflex Sympathetic Dystrophy, cervical post-laminectomy syndrome, depressive disorder and carpal tunnel syndrome status post repairs. Treatment to date has included cervical fusion and medication. According to the progress report dated 4/7/2015, the injured worker complained of chronic, bilateral hand pain that had associated Reflex Sympathetic Dystrophy. She reported that her mid-back pains were better. She complained of constant numbness of the ring and little finger. She complained of severe, burning pain in her hands. She was using ice. The injured worker appeared anxious and depressed. Tinel's sign was positive at the right elbow. There was tenderness and painful range of motion of the right hand. Allodynia was noted over the entire hand. Her hands were hot and red. The range of motion of the left hand was restricted; allodynia was noted over the entire hand. It was noted that the injured worker had cervical magnetic resonance imaging (MRI) done through her private insurance during work-up for her severe arm and shoulder pain. The MRI showed the issue was due to post fusion disc degeneration. Authorization was requested for magnetic resonance imaging (MRI) of the cervical spine (retrospective 2/23/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI cervical spine (DOS: 2/23/15): Upheld

Claims Administrator 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 and Upper Back Chapter (Online version) Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG states that 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, recurrent disc herniation). In this case there is no provided indication of dysfunction that is evidential of need for repeat MRI without other work up and conservative therapy and therefore, per the guidelines, the request for MRI is not medically necessary.