

Case Number:	CM15-0087642		
Date Assigned:	05/11/2015	Date of Injury:	03/05/2015
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 39 year old female, who sustained an industrial injury on 03/05/2015. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included medications and chiropractic manipulation. In PR-2 dated 4/29/2015, the injured worker complained of neck, upper back and shoulder pain with radiating pain into the wrists and hands, burning pain in the hand with the new onset of numbness in the hands, bilateral hip pain, and low back pain. Objective findings included a positive cervical compression test with decreased cervical range of motion, positive bilateral shoulder depression test, positive bilateral straight leg raises, and inability to squeeze both hands. The diagnoses include cervical strain/sprain, lumbosacral spine strain/sprain, and brachial/cervical radicular syndrome. The request for authorization included MRI of the cervical spine and MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 1 pg 2; Chp 8 pg 165, 169-72, 177-8, 182, 184-

8. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the neck are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient's signs and symptoms, as documented in her history and exam, falls in this later group of indications, that is, the signs and symptoms are too non-specific for cervical-related nerve compromise. An EMG/NCV test should be performed to identify the more subtle neurologic abnormalities and thus direct further studies or therapies. At this point in the care of this individual a MRI of the neck is not indicated. Therefore, this request is not medically necessary.

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 1 Prevention, Chapter 9 Shoulder Complaints Page(s): Chp 1 pg 2; Chp 8 pg 165, 169-72, 177-80, 182, 184-8; Chp 9 pg 196-7, 203, 211-2, 214. Decision based on Non-MTUS Citation 1) American College of Radiology, Appropriateness Criteria for the Imaging of Suspected Spine Trauma, Revised 20132.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. It is used to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (e.g. fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. It does not show function, only anatomy. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. More specific indications for a thoracic MRI are acute spine trauma, myelopathy and thoracic outlet syndrome. This patient has nonspecific signs and symptoms of thoracic back pain. There are no "red flags" suggesting acute fractures, infections or tumors nor a diagnosis of myelopathy or suspected thoracic outlet syndrome. Thoracic x-ray would be a better first test to evaluate the patient's complaints. Therefore, this request is not medically necessary.