

Case Number:	CM14-0135289		
Date Assigned:	08/29/2014	Date of Injury:	03/12/2010
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 03/12/10 when he was reaching to push a button and felt pain. A repeat magnetic resonance imaging (MRI) of the cervical spine without contrast is under review. The claimant reportedly injured his neck, back, and shoulder on 03/12/10. He had a magnetic resonance imaging (MRI) of the cervical spine on 10/27/10 that revealed a disc protrusion with an annular tear involving C3-4 with disc bulges at C4-5 and C5-6. Electromyography/Nerve Conduction Velocity (EMG/NCV) showed evidence of left carpal tunnel syndrome and right median branch neuropathy in the forearm. He has had ongoing neck pain with spasm and multifocal tenderness. He has limited range of motion on 02/11/13. There were some sensory deficits in the left upper extremity that were distal and diffuse. He had positive Spurling's. Facet joint injections were ordered. A report on 02/25/14 stated he had a flare-up of neck pain that was starting to subside with therapy. He had some tenderness and limited range of motion. Left upper extremity strength was 4/5 and he had slightly decreased left upper extremity strength distally with positive Spurling's test (not described). He received Norco and an MRI of the cervical spine was ordered because he may need decompression surgery. On 04/10/14, [REDACTED] stated he had initial improvement after the selective facet injections in August 2013. He had a recent flare-up of his neck pain with aching and numbness. He also had pain at the facet joints. Range of motion was limited. His motor strength is mildly decreased in the left upper extremity. Electromyography (EMG) nerve conduction studies were also ordered. On 06/10/14, he had pain at level 5-7/10. The prior MRI showed some spondylitic changes. He had previous physical therapy, chiropractic, and injections. He had normal range of motion of the cervical spine with tenderness from the base of the occiput to the levator scapula on the left side. Sensory was intact. Manual motor testing and reflexes were intact. A repeat cervical ESI was recommended. There was a consideration for thoracic outlet syndrome. He was awaiting

transfer to [REDACTED] to discuss options. Physical examination was unchanged and he had cervical degenerative disc disease, consider thoracic outlet syndrome. The note dated 06/27/14 indicated that he had an epidural steroid injection without lasting improvement in symptoms or functionality. He complained of neck and left upper extremity pain that was 5-7/10 and was off and on. It was worse with sitting too long and his medications helped. The MRI was stated to be outdated and she had some spondylitic type changes. He had had previous PT, chiropractic, and injection. His pain had not resolved. Physical examination revealed well-preserved cervical posture with no splinting. There was tenderness. He had normal range of motion and negative Spurling's test. Sensory examination and motor function were intact. Reflexes were intact. A fresh MRI was recommended. There was no other medication listed. There is no mention of an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Magnetic Resonance Imaging (MRI) Cervical Spine without Contrast: 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 Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic)

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

Decision rationale: The history and documentation do not objectively support the request for a repeat magnetic resonance imaging (MRI). The MTUS state "Criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction -Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure 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 examination are sufficient evidence to warrant imaging studies if symptoms persist. The ODG state "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, recurrent disc herniation)." There is no clear evidence of new or progressive neurologic deficits and/or failure of a reasonable course of conservative treatment for the claimant's current complaints. The specific indication for this study has not been clearly described, other than that the other study is old, and none can be ascertained from the records. There is no evidence that a course of treatment has been recommended and completed or attempted and the claimant failed to improve. There is no evidence that the claimant has been involved in an ongoing exercise program since completing his physical therapy to maintain any benefit of treatment. No EMG demonstrating radiculopathy has been submitted in support of this request. The medical necessity of this study has not been demonstrated; therefore, the request for Repeat Magnetic Resonance Imaging (MRI) Cervical Spine without Contrast is not medically necessary.

