

Case Number:	CM15-0011449		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2012
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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 40 year old female, who sustained an industrial injury on 09/10/2012. The diagnoses have included lumbar spine herniated nucleus pulposus, cervical spine herniated nucleus pulposus, right shoulder impingement, and C5-6 radiculopathy. Treatments to date have included chiropractic therapy, acupuncture, physical therapy, and medications. Diagnostics to date have included multiple views of the neck reveal narrowing at C5-6 as well as a C6-7 avulsion and loss of lordosis. In a progress note dated 01/06/2015, the injured worker presented with complaints of continued pain in neck, low back, and right shoulder. The treating physician reported ordering MRI of the cervical spine to rule out herniated nucleus pulposus due to symptoms. Utilization Review determination on 01/13/2015 non-certified the request for MRI of the Cervical Spine citing American College of Occupational and Environmental Medicine Guidelines.

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: Overturned

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

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 chaptr topic MRI

Decision rationale: The 41 year old patient presents with pain in neck, low back, and right shoulder, as per progress report dated 01/06/15. The request is for MRI of the cervical spine. There is no RFA for this request, and the patient's date of injury 09/10/12. Diagnoses, as per progress report dated 01/06/15, included cervical spine HNP, lumbar spine HNP, and right shoulder impingement. The patient is off work, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state 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, the progress reports are handwritten and not very legible. As per progress report dated 10/07/14, the patient suffers from chronic neck pain. Physical examination revealed positive Spurling's test along with tenderness to palpation and reduced range of motion. In progress report dated 01/06/15, the treater requests for a cervical MRI "to rule out HNP due to symptoms." Available progress reports do not indicate prior MRI of the cervical spine. ODG guidelines recommend MRIs when neurologic deficit is suspected. Hence, the request is medically necessary.