

Case Number:	CM15-0019065		
Date Assigned:	02/06/2015	Date of Injury:	05/01/2014
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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 23 year old male who sustained an industrial injury on 05/01/2015. Diagnoses include cervical and lumbar radiculopathies and cervical and lumbar sprain/strain. Treatment to date has included medications. A physician progress note dated 11/21/2014 documents the injured worker continues to complain of severe neck and back pain. He has neck pain and tingling in the left side of his neck, and radiates down the left arm to hand. He rates his pain as 8 out of 10. His low back pain is persistent and he rates it as 8 out of 10 on the pain scale. He has pain and numbness that radiates down his left lower extremity to the calf. Range of motion in the cervical and lumbar spine is limited. An electromyography and nerve conduction studies (EMG/NCS) of the upper extremities done on 11/10/2014 shows no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy, or generalized peripheral neuropathy affecting the upper limbs. Treatment requested is for MRI of the cervical spine without contrast, and MRI of the thoracic spine without contrast. On 01/15/2015 Utilization Review non-certified the request for MRI of the cervical spine without contrast, and MRI of the thoracic spine without contrast, and cited was California Medical Treatment Utilization Schedule (MTUS)- American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine without contrast: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for MRI OF THE THORACIC SPINE WITHOUT CONTRAST. MTUS guidelines do not discuss MRIs. The ACOEM Guidelines page 177 to 178 list the criteria for ordering imaging studies which include emergency of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. In this case, the treater requested "MRIs of the cervical, thoracic and lumbar spines to further evaluate his persistent and severe neck and back complaints and to further evaluate abnormalities on physical exam." The review of reports does not show that the patient has had an MRI of the thoracic spine in the past. There is no documentation regarding the patient's thoracic spine condition or physical examination except "back pain." Given the lack of any red flags, progressive neurologic deterioration, new injury or new clinical issue, the request IS NOT medically necessary.

MRI of the cervical spine without contrast: Overturned

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

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 & upper back chapter, MRI

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for MRI OF THE CERVICAL SPINE WITHOUT CONTRAST. EMG/NCS of upper extremities from 11/03/14 shows no evidence of focal nerve entrapment, cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. Per 11/21/14 progress report, there is decreased sensation C6 dermatome on the left. The patient reports radiation of pain and numbness down left arm to his shoulder. One of diagnoses is cervical and lumbar radiculopathies. His cervical flexion is 40 degrees, extension is 40 degrees, lateral bending is 20 degrees bilaterally and rotation is 60 degrees bilaterally. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening

program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater requested "MRIs of the cervical, thoracic and lumbar spines to further evaluate his persistent and severe neck and back complaints and to further evaluate abnormalities on physical exam." The review of reports does not show that the patient has had an MRI of the C-spine. The patient does present with radicular symptoms, a neurologic symptom for which ODG guidelines support an MRI. The request IS medically necessary.