

Case Number:	CM15-0111564		
Date Assigned:	06/23/2015	Date of Injury:	03/04/2009
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on 03/04/2009. He has reported subsequent neck, right shoulder and bilateral wrist pain and was diagnosed with cervical stenosis, right shoulder bursitis, right shoulder impingement syndrome, osteoarthritis of the right shoulder and bilateral carpal tunnel syndrome. Treatment to date has included medication, rest and surgery. In a progress note dated 04/23/2015, the injured worker complained of neck, right shoulder and bilateral wrist pain. Objective findings were notable for decreased range of motion of the cervical spine and pain with cervical distraction test. The physician noted that an open MRI was being recommended for the cervical spine due to ongoing pain. A request for authorization of an open MRI of the cervical spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of 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 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, open MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. 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). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's relevant working diagnoses are cervical stenosis; right shoulder bursitis; right shoulder impingement syndrome; status post surgery right shoulder; etc. The date of injury is February 4, 2009. Progress note dated April 23, 2015 states the worker has severe ongoing neck pain 8/10. There is also ongoing right shoulder pain. Objectively, cervical spine range of motion is decreased. There is no neurologic evaluation. The treating provider requested an open MRI of the cervical spine. There are no unequivocal objective findings and identify specific nerve compromise on the neurologic examination. Moreover, there is no neurologic evaluation in the medical record. Consequently, absent clinical documentation with unequivocal objective findings that identify specific nerve compromise and a clinical rationale for an open MRI (versus regular MRI), open MRI cervical spine is not medically necessary.