

Case Number:	CM15-0113015		
Date Assigned:	06/19/2015	Date of Injury:	05/19/2014
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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 57-year-old male, who sustained an industrial injury on May 19, 2014. He reported left wrist pain and bilateral knee pain. The injured worker was diagnosed as having, left wrist intersection syndrome, left knee pain with underlying mild arthritic changes, medial and lateral meniscus tear of the right knee, medial collateral ligament tear and chondral flap lesion of the medial patella. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, physical therapy, medications and work restrictions. On evaluation on May 22 2015, the injured worker complained of continued pain in the neck with radiation of numbness and pain into the upper extremities, lower back pain with radiation into the lower extremities and left wrist pain with decreased range of motion. Examination showed decreased cervical range of motion, positive spurlings sign and decreased sensation in C5-6 dermatome, decreased lumbar range of motion, weakness in extensor halucis longus and decreased sensation in the L5 dermatome. Magnetic resonance imaging of the cervical spine was requested.

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; Chapter 8, page(s) 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. It is used to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (eg fractures, dislocations, and 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, electro-myography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. The American College of Radiology recommends a plain film x-ray of the neck as the first imaging study to evaluate chronic neck pain. This patient has vague symptomatology suggestive of cervical disc disease, cervical osteoarthritis or chronic neck musculoskeletal inflammation. However, the documented examination is very non-specific for support of a diagnosis of nerve compromise. Conservative treatment has not resolved the symptoms. Plain film x-rays of the neck have not been done. Electro diagnostic exams should be considered before proceeding to a cervical MRI. Considering all the above information, medical necessity for a cervical MRI has not been **MEDICALLY NECESSARY**.