

Case Number:	CM15-0123049		
Date Assigned:	07/07/2015	Date of Injury:	12/11/2003
Decision Date:	07/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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:

This 69-year-old male sustained an industrial injury on 12/11/03. He subsequently reported back pain. Diagnoses include degeneration of cervical IV disc and thoracic/ lumbar neuritis/ radiculitis. Treatments to date include MRI testing and prescription medications. The injured worker continues to experience low back pain with numbness and tingling in the bilateral legs and feet and cervical pain with tingling on the left shoulder and left side of face. Upon examination, gait is non-antalgic. Cervical and lumbar spine reveals full ranges of motion. Tinel's is positive in the medial medial clavicular area. This extends to tingling in the left shoulder and the left side of face. There is still some hypoesthesia of the left lateral lower leg. The treating physician made a request for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator 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, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Provider's report of 5/27/15 noted chief complaints in low back without noted neck pain. Exam of cervical spine showed nontenderness, full range of motion without neurological deficits identified. Request includes repeating MRI of cervical spine to allow for direct treatment options. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include 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 and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has unchanged unremarkable findings in bilateral upper extremities for this chronic injury of 2003 without new injury or red-flag conditions. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of cervical spine is not medically necessary and appropriate.