

Case Number:	CM15-0127081		
Date Assigned:	07/13/2015	Date of Injury:	10/26/2006
Decision Date:	08/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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 50 year old male who sustained an industrial/work injury on 10/26/06. He reported an initial complaint of hand and knee pain. The injured worker was diagnosed as having mild bilateral carpal tunnel syndrome. Treatment to date includes medication and diagnostics. MRI results were reported on 4/8/15 of the cervical spine, left knee, left/right ankle. EMG/NCV (electromyography and nerve conduction velocity) test 3/19/15. Currently, the injured worker complained of pain, numbness, and tingling extending from the neck to the hands bilaterally, greater on the left, with stiffness of the neck and shoulders and weakness of both arms. The symptoms are constant, noted with activity, at a level of 8/10. Per the neurology report on 3/19/15, exam of the cervical spine demonstrates tenderness, but normal reflexes and normal sensation; the left knee demonstrates range of motion 0-115 degrees and no ligamentous laxity; the foot demonstrates no tenderness to palpation, no pain or swelling, no erythema, normal strength, and no instability. The requested treatments include MRI of the cervical spine, MRI of the left knee, and MRI of the bilateral knees.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, 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, neuro-compression, 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 workers working diagnoses are bilateral carpal tunnel syndrome mild. The date of injury is October 26, 2006. The request for authorization is dated June 30, 2015 (?). The medical record contains 13 pages. There is a single progress note by a non-requesting provider (a neurologist). Utilization review contains documentation indicating the injured worker had a prior MRI cervical spine, MRI left knee and MRI bilateral ankles all performed on April 8, 2015. 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, neuro-compression, recurrent disc herniation). There is no documentation in the medical record of a significant change in symptoms and/or objective findings suggestive of significant pathology. There is no contemporary clinical documentation with a clinical discussion, indication or rationale for repeating the MRI of cervical spine. Consequently, absent contemporary clinical documentation with the clinical indication and rationale, MRI cervical spine is not medically necessary.

MRI Of The Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging (MRI) left knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are non-diagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured workers working diagnoses are bilateral carpal tunnel syndrome mild. The date of injury is October 26, 2006. The request for authorization is dated June 30, 2015 (?). The medical record contains 13 pages. There is a single progress note by a non-requesting provider (a neurologist). Utilization review contains documentation indicating the injured worker had a prior MRI cervical spine, MRI left knee and MRI bilateral ankles all performed on April 8, 2015. 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, neuro-compression, recurrent disc herniation). There is no documentation in the medical record of a significant change in symptoms and/or objective findings suggestive of significant pathology. There is no contemporary clinical documentation with a clinical discussion, indication or rationale for repeating the MRI of the left knee. Consequently, absent contemporary clinical documentation with the clinical indication and rationale, MRI left knee is not medically necessary.

MRI Of The Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI bilateral ankles are not medically necessary. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joints capsule, menisci and joint cartilage structures that x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be treated conservatively, but cases requiring surgery MRI imaging is useful. MRI reliably detects acute tears of the anterior talo-fibular ligament and calcanealfibular ligament. Indications for MRI imaging include, but are not limited to, chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are bilateral carpal tunnel syndrome mild. The date of injury is October 26, 2006. The request for authorization is dated June 30, 2015. The medical record contains 13 pages. There is a single progress note by a non-requesting provider (a neurologist). Utilization review contains documentation indicating the injured worker had a prior MRI cervical spine, MRI left knee and MRI bilateral ankles all performed on April 8, 2015. 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, neuro-compression, recurrent disc herniation). There is no

documentation in the medical record of a significant change in symptoms and/or objective findings suggestive of significant pathology. There is no contemporary clinical documentation with a clinical discussion, indication or rationale for repeating the MRI of the bilateral ankles. Consequently, absent contemporary clinical documentation with the clinical indication and rationale, MRI bilateral ankles are not medically necessary.