

Case Number:	CM15-0149007		
Date Assigned:	08/12/2015	Date of Injury:	09/01/2014
Decision Date:	12/03/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, Florida, 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:

This is a 47 year old female with a date of injury on 9-1-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck and lower back pain. Progress report dated 7-2-15 reports continued complaints of neck pain with paresthesia in the right hand and occasionally in the left. Objective findings: continued tenderness on palpation of the posterior cervical trapezius musculature bilaterally, cervical range of motion is restricted by pain; Tinel's testing is positive on the right and negative on the left. MRI cervical spine 7-24-15 reveals bilateral facet arthropathy and mild narrowing of the orifice of the left neural foramen. Nerve conduction study EMG revealed C7 radiculopathy. Request for authorization dated 7-2-15 was made for MRI cervical spine. Utilization review dated 7-10-15 non-certified the request.

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 (non-contrast): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Indications for imaging - MRIs.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging and Chapter 8 Neck Special Studies. This claimant was injured in 2015 with neck pain with paresthesia in the right hand and occasionally in the left. MRI cervical spine 7-24-15 revealed bilateral facet arthropathy and mild narrowing of the orifice of the left neural foramen. Nerve conduction study EMG revealed C7 radiculopathy. The MTUS notes: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. In this case, the physiologic evidence does suggest a C7 radiculopathy. While the relation to the injury is not clear, criteria are in fact met to move forward with a cervical MRI to clinically clarify the finding. I would endorse approving this request on a purely clinical basis, and not considering causality issues. Therefore, the request is medically necessary.