

Case Number:	CM15-0174501		
Date Assigned:	09/16/2015	Date of Injury:	05/18/2012
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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, California

Certification(s)/Specialty: Family Practice

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 18, 2012. Medical records indicate that the injured worker is undergoing treatment for cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture, right shoulder strain, left shoulder strain, right hip strain, right knee strain, right foot strain and right ankle internal derangement. The injured worker is currently not working. Current documentation dated July 29, 2015 notes that the injured worker reported neck, back, bilateral shoulder and right hip, knee and foot pain. The injured worker noted that the low back pain was constant and radiated to the legs. Examination of the lumbar spine revealed a painful range of motion. A cervical spine examination was not provided. Documentation dated August 17, 2015 notes that the injured worker reported neck pain, bilateral shoulder, low back, right hip and right knee pain. Examination of the cervical spine on 8/17/15 revealed diffuse tenderness bilaterally and a decreased range of motion with x-ray evidence of mild diffuse spurring. Treatment and evaluation to date has included medications, radiological studies, MRI of the cervical spine, electrodiagnostic studies, epidural steroid injections, pain management consultation and chiropractic treatments. Treatments which were tried and failed include acupuncture treatments and physical therapy. The MRI of the cervical spine (5-30-2013) revealed multilevel cervical disc degeneration and disc protrusions contributing to mild canal stenosis. The electrodiagnostic studies of upper extremity and lower extremity on (4-14-2015) which were normal. Current requested treatments include a request for an MRI of the cervical spine. The medication list includes Anaprox. The patient sustained the

injury due to cumulative trauma. The patient had received an unspecified number of PT visits for this injury. The patient has had X-ray of the cervical spine on 4/10/14 that revealed mild diffuse spurring.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Per ODG low back guidelines cited below, "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 MRI of the cervical spine (5-30-2013) revealed multilevel cervical disc degeneration and disc protrusions contributing to mild canal stenosis. Significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. The electrodiagnostic studies of the upper extremities and lower extremities on (4-14-2015) were normal. The patient does not have any severe, progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the Cervical Spine is not medically necessary for this patient.