

Case Number:	CM15-0095284		
Date Assigned:	05/21/2015	Date of Injury:	12/09/1994
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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 52-year-old female, who sustained an industrial injury on 12/09/1994. She reported injuring her lower back and neck. The injured worker is currently off work. The injured worker is currently diagnosed as having status post bilateral sacroiliac joint arthrodesis, prior lumbar laminectomy without improvement/lumbar post-laminectomy syndrome, and neck pain with upper extremity radiculopathy. Comorbid conditions include morbid obesity (BMI 41.4). Treatment and diagnostics to date has included cervical and lumbar epidural steroid injections, psychotherapy, bilateral sacroiliac joint arthrodesis, and medications. In a progress note dated 04/14/2015, the injured worker presented with complaints of low back, buttock, lower extremity, neck, bilateral upper extremity, and interscapular pain. Objective findings include dysesthesias in the hips and lateral upper extremity with lateral bending and intermittent upper extremity numbness and tingling. The treating physician reported requesting authorization for cervical spine MRI to assess neurologic impingements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (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 ACOEM, Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): 2, 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 patients symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies or Sensory Evoked Potentials (if the provider is wanting to exclude the diagnoses of spinal stenosis or spinal cord myelopathy) are recommended before having a MRI done. 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. Electrodiagnostic exams should be considered before proceeding to a cervical MRI. Considering all the above information, medical necessity for a cervical MRI has not been established.