

Case Number:	CM15-0098489		
Date Assigned:	05/29/2015	Date of Injury:	02/18/2009
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker is a 52-year-old female, who sustained an industrial injury on 02/18/2009. She reported slipping causing her to fall and land in a seated position with the bilateral hands extended backwards. The injured worker also noted that as she was falling she jerked her back noting pain to the neck, back, hands/arms, and shoulders. The injured worker was diagnosed as having right knee meniscus tear, status post right knee arthroscopy, post traumatic osteoarthritis of the right knee, cervical and lumbar disc herniation, status post cervical five to six cervical anterior cervical discectomy and fusion, status post lumbar four to five and lumbar five to sacral one discectomy and fusion, bilateral carpal tunnel syndrome, and status post left shoulder surgery. Treatment and diagnostic studies to date has included x-rays of the lumbar spine, magnetic resonance imaging of the lumbosacral spine, computed tomography of the lumbar spine, electromyogram with nerve conduction velocity of the bilateral extremities, magnetic resonance imaging of the cervical spine, physical therapy, injection, medication regimen, and above listed procedures. In a progress note dated 02/09/2015 the treating physician reports complaints of frequent jaw pain with tightness; severe migraines located to the back of the head with nausea, vomiting, dizziness, and loss of equilibrium; frequent neck pain that radiates to the shoulder with the left greater than the right along with weakness to the upper extremities and hands; frequent pain to the bilateral shoulders; frequent pain to the bilateral wrists, hands, and thumbs with associated symptoms of numbness and tingling; constant low back pain that radiates down the lower extremities along with numbness and tingling to the legs; frequent right knee pain; and frequent pain to the bilateral feet. Examination reveals limited range of motion of

the cervical spine, tenderness and hypertonicity of the suboccipital region and paravertebral muscles, limited range of motion of the lumbar spine, tenderness and hypertonicity of the lumbar paraspinal muscles and anterior quadratus lumborum muscles, a positive straight leg raise bilaterally, tenderness and hypertonicity of the trapezius, rhomboids, and parascapular muscles, positive Neer's Impingement Test and Hawkin's Impingement Test bilaterally, and a positive Phalen's test bilaterally. Magnetic resonance imaging of the cervical spine performed on 07/17/2012 revealed cervical three to four disc protrusion endplate osteophyte complex indenting the thecal sac and abutting the spinal cord with mild central canal stenosis; cervical four to five disc protrusion abutting the thecal sac; and cervical five to six disc desiccation and disc protrusion endplate osteophyte complex indenting the thecal sac and impinging on the anterior spinal cord with moderate spinal stenosis. The treating physician requested an magnetic resonance imaging of the cervical spine with intravenous contrast so that the results will be available for requested spinal surgery consultation noting that prior surgical procedures has not assisted the injured worker.

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 with IV (intravenous) contrast material: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS 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 and upper back (acute and chronic) chapter, magnetic resonance imaging.

Decision rationale: The patient was injured on 02/18/09 and presents with pain in her cervical spine, lumbar spine, left shoulder, bilateral arm, bilateral hand, right knee, bilateral leg, and bilateral foot. The request is for a MRI OF THE CERVICAL SPINE WITH IV CONTRAST MATERIAL. There is no RFA provided and the patient is to return to modified work duty on 03/23/15. "If restricted duty is not available, patient is considered temporarily totally disabled." The patient had a prior MRI of the cervical spine on 07/17/12, which revealed mild central canal stenosis at C3-C4, kyphotic deformity with posterior convexity at C5-C6, and moderate canal stenosis and disc desiccation at C5-C6. Regarding MRI, uncomplicated neck and back, chronic neck pain, ACOEM chapter 8 page 177-178 states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, neck and upper back (acute and chronic) chapter, magnetic resonance imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal,

neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit." The reason for the request is not provided. The patient has a loss of range of motion of the cervical spine, a positive cervical compression test for the local cervical spine pain, decreased sensation over the right anterolateral arm and forearm, and a positive Spurling's test on the right. She is diagnosed with cervical disc herniation, status post C5-6 anterior cervical discectomy and fusion (12/30/13), and bilateral carpal tunnel syndrome. The patient had a prior MRI of the cervical spine on 07/17/12. There are no updated MRI is provided after the patient's surgery. Therefore, an updated MRI of the cervical spine appears reasonable. The request IS medically necessary.