

Case Number:	CM15-0099586		
Date Assigned:	06/02/2015	Date of Injury:	08/14/2011
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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, Pain Management

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 47 year old female, who sustained an industrial injury on 3/14/2011, as a result of cumulative trauma. The injured worker was diagnosed as having cervical pain, cervical spondylosis, carpal tunnel syndrome, and mood disorder in conditions classified elsewhere. Treatment to date has included diagnostics, mental health treatment, physical therapy, home exercise program, participation in Functional Restoration Program, heating pad, and medications. On 3/16/2015, the injured worker complains of pain, rated 7/10 with medications and 9/10 without. Her activity level was decreased and sleep quality was poor. Current medications included Lidoderm patch, Lunesta, Lyrica, Voltaren gel, and Nucynta. She appeared to be anxious and in moderate pain. Exam of the cervical spine noted restricted range of motion due to pain, tenderness and tight muscle band of the paravertebrals bilaterally, tenderness at the paracervical muscles and trapezius, and Spurling's maneuver caused pain in the muscles of the neck, radiating to the upper extremity. Strength of all muscles was 5/5 and decreased sensation to light touch was noted over the little finger and medial hand, lateral hand on the right side, and patchy in distribution. Her work status was modified duty. A prior progress report (2/23/2015) noted early release from the Functional Restoration Program, after 5 weeks versus 7 weeks, due to a plateau in functional improvement. Electromyogram and nerve conduction studies of the upper extremities (6/12/2012) were documented to show bilateral median nerve neuropathies across the wrist segments, affecting motor fibers in demyelinating nature. Electromyogram and nerve conduction studies (7/02/2013) of the right upper extremity were submitted and noted a normal study, without evidence of a right sided cervical radiculopathy, brachial plexopathy,

myopathy, peripheral neuropathy, nor any mononeuropathy, affecting the right upper limb. Magnetic resonance imaging of the thoracic spine (6/13/2012) was documented as normal. Magnetic resonance imaging of the cervical spine was referenced in the progress report (1/02/2012). Magnetic resonance imaging of the cervical spine (12/02/2011) was submitted and showed a 2mm right paracentral disc protrusion at C5-6, without stenosis, and moderate bilateral foraminal narrowing C4-5, due to uncinated hypertrophy. The treatment plan included updated magnetic resonance imaging of the cervical spine, due to the chronicity of the pain. The most recent progress report recommends MRI of the shoulders and electrodiagnostic studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

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): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no recent documentation of neurologic deficit in a dermatomal distribution affecting the upper extremities. Finally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. Additionally, it appears that electrodiagnostic studies are being sought to clarify the patient's neurologic deficits. As such, the requested cervical MRI is not medically necessary.