

Case Number:	CM13-0012634		
Date Assigned:	09/17/2013	Date of Injury:	04/20/2005
Decision Date:	01/06/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Radiology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 year old male with initial injury in 2005 has undergone multiple surgical procedures in the cervical spine including fusion with hardware and subsequent hardware removal. He continues to have right upper extremity radiculopathy and significant debilitating pain since. EMG done suggests bilateral chronic active radiculopathy likely originating at C6-7. Symptoms have persisted after hardware removal. Spine surgeon has referred the patient to pain specialist, ■. ■ who has requested MRI of the cervical spine without and with contrast in order to assess the size of the cervical spine epidural space to determine if the patient would be a candidate for placement of a spinal stimulator. Exam has been denied with the reviewer stating there is no definite evidence an invasive procedure is contemplated and that there is no evidence the symptoms are new.

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 with or without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2012 NIA Standard Guidelines for clinical review determination..

Decision rationale: This patient has persistent radicular symptoms despite multiple surgical procedures including most recently removal of cervical hardware. In the original denial it was stated by the reviewer there was no evidence an invasive procedure was planned based upon the scan results however the consulted pain specialist [REDACTED] clearly opined that placement of a spinal stimulator device is being considered but the decision hinges on the capacity of the epidural space in the cervical spine. The requested MRI study is necessary to evaluate the cervical canal after the hardware removal to determine if the stimulator leads can be safely placed. This request is reasonable based upon the patient symptoms, the recent removal of the hardware without MRI subsequent imaging and the formation of a plan of intervention by the consulted pain specialist.