

Case Number:	CM13-0021446		
Date Assigned:	01/15/2014	Date of Injury:	01/31/2000
Decision Date:	10/23/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/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:

The worker is a 62 year old male who was injured on 1/31/2000. He was diagnosed with cervical pain, neuropathic pain/radiculopathy, herniated cervical disc, depression, and anxiety. He was treated with various medications and multiple surgeries. After lumbar surgery, he was diagnosed with failed back syndrome. There is very little data derived from the available notes to gather more history than this. The progress note just prior to the request was not included in the documents provided for review. However, the most recent progress note was from 8/6/2013 when the worker was seen by his pain management provider complaining of his usual neck and low back pain which involved intermittent bilateral upper extremity pain and tingling and headaches. The worker reported using his pain medications which helped reduce his pain to some extent. Physical examination revealed normal curvature of the cervical spine, but with cervical tenderness and stiffness and trigger points in the muscles of the head and neck. Later, on 11/18/13, there was a request for a cervical MRI.

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 Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was very little information provided for review. There was no record of prior cervical MRIs (if MRI of the neck had been performed in the past). Also, there was no evidence from the physical examinations in the progress notes provided that suggested any red flags that might warrant an MRI of the cervical spine. No report of any physical modality (physical therapy, home exercises) was documented as being discussed with the worker, and there was no evidence that the worker was preparing for another surgery. Therefore, without enough documentation showing evidence that might warrant a cervical MRI, it is not medically necessary.