

Case Number:	CM13-0024395		
Date Assigned:	01/15/2014	Date of Injury:	11/03/1998
Decision Date:	03/20/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine, 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:

According to the records made available for review, this is a 53-year-old male with an 11/3/98 date of injury and C5-C6 and C6-C7 anterior and posterior revision surgery 5/26/11. At the time of request for authorization for one magnetic resonance imaging (MRI) of the cervical spine between 8/23/2013 and 10/7/2013, there is documentation of subjective (pain into his trapezial musculature, pain into his shoulder, headaches, dysphonia, and difficulties with activities of daily living) and objective (good range of motion, no motor or sensory deficits, and mild dysphonia) findings, current diagnoses (cervical spondylotic stenosis, C5-6 and C6-7, complicated with pseudoarthrosis status post revision surgery done both anteriorly and posteriorly at C5-6 and C6-7), and treatment to date (activity modification, physical therapy, and medications). 8/27/13 UR determination identifies that previous diagnostic studies include MRI of the cervical spine done on 5/1/128/27/13 medical report identifies a plan for an MRI of the cervical spine to evaluate adjacent levels, as adjacent segment disease is suspected. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

One magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck Chapter, page(s) 178-180 and Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging .

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings), as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of cervical spondylotic stenosis, C5-6 and C6-7, complicated with pseudoarthrosis status post revision surgery and previous diagnostic studies including MRI of the Cervical Spine on 5/1/12. However, despite documentation of a request for MRI for the Cervical spine to evaluate adjacent levels, as adjacent segment disease is suspected, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for One magnetic resonance imaging (MRI) of the cervical spine between 8/23/2013 and 10/7/2013 is not medically necessary.