

Case Number:	CM13-0025570		
Date Assigned:	11/20/2013	Date of Injury:	12/06/2006
Decision Date:	01/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation, and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old female with a date of injury of December 6, 2006. The progress report, dated September 5, 2013 by [REDACTED], noted that the patient continues with persistent symptoms and reports increased right sided lower lumbar spine pain along with right lower extremity radiculopathy. On exam the patient has decreased cervical range of motion (ROM) with painful motion and tenderness noted over the bilateral paracervical spine and trapezial muscles. The patient's diagnoses include: cervical spine strain/sprain (str/spr), rule out (r/o) discopathy; lumbar spine str/spr, r/o discopathy; right knee str/spr, r/o internal derangement; right lower extremity radiculitis; right ankle str/spr; right peroneal tendonitis. An open MRI of the cervical spine was requested. The supplemental AME report, dated May 13, 2013 by [REDACTED] noted that the patient had an abnormal cervical MRI in 2008 that showed a protrusion at C5-C6 with anterior impingement upon the thecal sac. A second MRI of the cervical spine on November 19, 2010 showed underlying disc desiccation at every level of the cervical spine, plus a 3 to 4-mm protrusion at C4-C5 and 2 to 3 mm protrusion at C5-C6 and C6-C7. It was noted that the patient does seem to have objective findings and cord compression. It was opined that spinal cord compression in the cervical spine might possibly be giving her some of her symptomatology in the cervical spine, upper extremities and thoracolumbar spine and bilateral lower extremities. A repeat cervical MRI was recommended and a follow up reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

open MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation California Medical Treatment and Utilization Schedule Plus, Online Version, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations and the Official Disability Guidelines, Online Version, Neck and Upper Back (Acute and Chronic) C

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

Decision rationale: The progress report, dated September 5, 2013 by [REDACTED], noted that the patient continues with persistent symptoms and reports increased right sided lower lumbar spine pain along with right lower extremity radiculopathy. On exam the patient has decreased cervical ROM with painful motion and tenderness noted over the bilateral paracervical spine and trapezial muscles. The patient's diagnoses include cervical spine str/spr, r/o discopathy; lumbar spine str/spr, r/o discopathy; right knee str/spr, r/o internal derangement; right lower extremity radiculitis; right ankle str/spr; right peroneal tendonitis. An open MRI of the cervical spine was requested. The records show that the patient underwent a cervical MRI in 2008 which showed a protrusion at C5-C6 with anterior impingement upon the thecal sac. A second MRI of the cervical spine on November 19, 2010 showed underlying disc desiccation at every level of the cervical spine plus a 3 to 4-mm protrusion at C4-C5 and a 2 to 3 mm protrusion at C5-C6 and C6-C7. The ACOEM guidelines (pg. 177-178) lists the criteria for ordering imaging studies which include: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies, if symptoms persist. The physical exams from the July 25, 2013 and September 5, 2013 did not include findings that identify specific nerve compromise on the neurologic examination. Additionally, the reports provided do not provide any documentation of the emergence of a red flag or discussion by the treater regarding consideration of an invasive procedure. Therefore the request for an open MRI of the Cervical Spine is not medically necessary and appropriate.