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| Case Number: | CM13-0037619 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/30/2001 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 74 year old female with DOI on 6/30/01. Diagnoses include degeneration of thoracic and lumbar discs, lumbar spinal stenosis, sprain of neck, facet disease and foraminal stenosis L2 to S1, and disc collapse at L2-L3. Medical records describe subjective complaints of increasing neck pain and right arm pain in a C6 distribution. This pain was worsening for two months despite home exercise and her medications. Numbness was described in the right arm and cervical range of motion caused pain. Physical exam noted paracervical muscle tenderness and spasm. Sensation in the right C6 dermatome was decreased. Cervical x-rays showed decreased disc space at C5-C6. Previous MRI on 3/28/2006 demonstrated herniated discs C3-6. Patient previous medications have included, Celebrex, tramadol, and Lortab.

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 3D rendering and interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: CA MTUS supports imaging studies with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. Patient had previous MRI documenting cervical disc disease that corresponded to her present complaints of neck pain with radiation in a C6 distribution. It is not documented if patient has undergone physical therapy or other conservative measures for her neck pain. Due to prior MRI documenting disease, and lack of evidence demonstrating failure of conservative care measures, the medical necessity of a Cervical MRI is not established.

Medrol Dose Pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, MEDROL/CORTICOSTEROIDS.

Decision rationale: CA MTUS guidelines are silent on the use of oral steroids for cervical pain. ODG recommends oral steroids in limited situations for acute radicular pain in patients who have clear-cut signs and symptoms of radiculopathy. Research indicates that early treatment is most successful and effects of the medication are limited. For treatment in the chronic phase of injury, this medication should be used for new injury or after a symptom-free exacerbation. While this patient's cervical symptoms were documented as worsening over 2 months, there was no new injury present, or any clear evidence that patient was ever symptom free. Furthermore, the patient has a history of GI bleeding, which steroid use could exacerbate. For these reasons, the use of a Medrol Dose pack is not medically necessary.