

Case Number:	CM13-0050725		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2010
Decision Date:	10/10/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation 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 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:

This patient sustained an injury on 2/19/2010 while employed by [REDACTED]. Request(s) under consideration include An MRI of the Cervical Spine. Diagnoses list lumbar sprain. Conservative care has included physical therapy, medications, and modified activities/rest. The patient continues to treat for chronic ongoing neck pain radiating to both shoulders. CT myelogram dated 3/12/12 noted patient s/p cervical fusion at C5-6 with fusion appearing to be solid without intra or extradural impression or evidence of neural compromise. Report of 1/17/13 noted patient with continued neck and arm pain with exam findings of range 50% of normal. Repeat CT scan of 3/7/13 showed plate and screws at C5-6 appeared fused; however, peer reviewer noted interposition bone graft at C6 endplate disc space, although very minimal was still visualized. The revision cervical discectomy and fusion at C5-6 was certified. The patient had revision fusion at C5-6 on 6/22/13. Report of 9/9/13 from a chiropractic provider noted patient with chronic ongoing neck pain s/p revision surgery with some improvement; however, still with persistent pain, headaches, and right shoulder pain. Chiropractor noted patient that the provider had requested for an updated MRI of lumbar spine for worsening back pain and leg radiculopathies. Exam showed unchanged limited cervical range; positive distraction test with diminished sensation at bilateral hands; unable to perform shoulder range or motor strength of shoulders due to pain with positive impingement sign. The request(s) for An MRI of the Cervical Spine was non-certified on 11/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies 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; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Cervical Spine is not medically necessary and appropriate.