

Case Number:	CM13-0056072		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2005
Decision Date:	09/29/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 50-year-old individual was reportedly injured on August 24, 2005. The mechanism of injury was noted as injury that occurred while lifting. The most recent (and only) progress note, dated October 23, 2013, indicated that there were ongoing complaints of progressively worsening neck pain with radiating pain into the bilateral arms with associated weakness and numbness and trouble with the use of the bilateral arms. The claimant is status post cervical disc replacement surgery in 2008. The physical examination demonstrated a slow gait, tenderness over the cervical paraspinal muscles with good cervical flexion, extension, and rotation. Spurling's sign and Lhermitte's sign were negative. Upper extremity motor testing was 5/5 bilaterally and symmetrical in all muscle groups. Sensation was intact and reflexes were symmetrical. Diagnostic imaging studies were previously provided including MRIs of the lumbar and cervical spine and x-rays of the cervical spine. X-rays in October 2013 demonstrated the cervical disc replacement with good position of the implant, and no evidence of hardware failure or loosening. Degenerative changes were noted above and below the surgery with disk space narrowing, and osteophyte formation. A request had been made for an urgent MRI of the cervical spine without contrast and was partially certified, indicating that the MRI of the cervical spine was indicated, but that an urgent MRI of the thoracic spine was not. This decision was on November 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE WITHOUT CONTRAST: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck & Upper Back (Acute & Chronic) - Magnetic resonance Imaging (MRI) (updated 08/04/14).

Decision rationale: California MTUS and ACOEM guidelines do not address the request for repeat MRIs in the chronic pain setting. Therefore, ODG guidelines are used. While repeat MRI imaging is not routinely recommended, and should be reserved for significant change in symptomatology, when noting that the claimant is status post a cervical disc replacement in 2008 with progressively worsening, bilateral upper extremity symptoms and weakness. Coupled with the degenerative changes noted above and below the surgical level on plain films in addition to documentation of disk space narrowing and osteophyte formation, it is the opinion of this reviewer, that the clinical presentation including the patient's history and symptoms warrant an MRI of the cervical spine. A prior review indicated that there was a request for an MRI of the cervical and thoracic spine. Based on the clinical data available, there is no documentation to substantiate the medical necessity of the thoracic MRI. As such, this request for an MRI of the cervical spine without contrast is considered medically necessary and recommended for certification.

MRI Thoracic Spine Without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Neck and Upper Back (Acute & Chronic) Chapter. Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck & Upper Back (Acute & Chronic) - Magnetic resonance Imaging (MRI) (updated 08/04/14).

Decision rationale: California MTUS and ACOEM guidelines do not address the request for repeat MRIs in the chronic pain setting. Therefore, ODG guidelines were utilized. While repeat MRI imaging is not routinely recommended, and should be reserved for significant change in symptomatology, based on the clinical data available, there is no documentation to substantiate the medical necessity of the thoracic MRI. There are no noted increase in symptomatology or changing clinical situation. As such, this request for an MRI of the thoracic spine without contrast is not considered to be medically necessary.