

Case Number:	CM13-0063288		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2000
Decision Date:	03/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 51-year-old male with a 1/13/00 date of injury, and status post cervical spine fusion at C5-6 and C6-7 12/12/05. The request for authorization is for x-rays of the cervical spine with AP, neutral lateral and flexion/extension views and 1 MRI of the cervical spine without contrast. There is documentation of the subjective findings of neck pain with bilateral peri-scapular pain and bilateral trapezial pain that is associated with numbness and tingling down to the wrist region. The objective findings include restricted range of motion in the cervical spine and weakness in shoulder abduction. The imaging findings are x-rays: standing, AP, neutral lateral, flexion lateral, and extension lateral views (6/3/11) report revealed status post anterior fusion at C5-6 and C6-7, mild motion at C3-4 with flexion and extension, mild motion at the C4-5 level, and anterior spondylosis at C4-5. The current diagnoses is status post C5-6 and C6-7 cervical fusion, neck pain, bilateral upper extremity radiating pain, numbness and tingling. The treatment to date is activity modification, surgery, physical therapy, and medications. The 8/8/13 medical report states that the patient had an MRI of the cervical spine on 8/29/07. The report indicates a recommendation for cervical spine x-rays standing AP, neutral lateral, flexion lateral, and extension lateral x-rays and an updated cervical MRI for pre-op planning and to further assess the patient's cervical condition. There is no documentation of a pending surgery that is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the cervical spine with AP, neutral lateral and flexion/extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: The California MTUS reference to ACOEM guidelines identifies documentation of presence of red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection, as criteria necessary to support the medical necessity of initial radiographs. In addition, MTUS reference to ACOEM guidelines state that routine use in the first 4-6 weeks if red flags are absent is not recommended. ODG identifies documentation of a diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated. Within the medical information available for review, there is documentation of diagnoses of status post C5-6 and C6-7 cervical fusion, neck pain, bilateral upper extremity radiating pain, numbness and tingling. In addition, there is documentation of a previous x-ray of the cervical spine with AP, neutral lateral and flexion/extension views completed on 6/3/11 and a request for X-rays of the cervical spine with AP, neutral lateral and flexion/extension views for pre-op planning. However, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for X-rays of the cervical spine with AP, neutral lateral and flexion/extension views is not medically necessary.

MRI of the cervical spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: The California 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 necessary 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. Within the medical information available for review, there is documentation of diagnoses of status post C5-6 and C6-7 cervical fusion, neck pain, bilateral upper extremity radiating pain, numbness and tingling. In addition, there is documentation of a previous MRI of the cervical spine completed on 8/29/07 and a request for an updated MRI of the cervical spine for pre-op planning. However, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 1 MRI of the cervical spine without contrast is not medically necessary.

