

Case Number:	CM13-0063883		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2002
Decision Date:	09/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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 & 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:

The patient is a 74-year-old female who has submitted a claim for cervical disc disorder associated with an industrial injury date of February 15, 2002. Medical records from 2013 were reviewed. The patient complained of neck pain with radiation to the right shoulder/upper arm with tingling sensation; torticollis with the neck tilted to the right; and depression with frustration due to continued pain. Physical examination of the cervical spine showed moderate right-sided torticollis; moderate muscle spasm of the paracervical and trapezius, right greater than left; and limitation of motion. Cervical spine MRI done on March 30, 2012 demonstrated extensive spondylotic changes as described in the normal cervical lordosis centered at the C6, most likely secondary to extensive spondylolisthesis; moderate neural foraminal narrowing secondary to a 1-2mm posterior disc bulge at C3-4; moderate to severe bilateral neural foraminal narrowing and mild canal stenosis secondary to anterolisthesis at C5-6; posterior disc bulge at C6-7; and severe right and moderate left neural foraminal narrowing secondary to 2-3mm posterior disc bulge. The diagnoses were cervical strain with right cervical radiculitis; spasmodic torticollis; and secondary anxiety and depression. Treatment to date has included Tylenol, Cogentin and cervical soft collar. Utilization review from November 19, 2013 denied the request for cervical MRI. The records do not establish a significant change in symptoms and/or findings suggestive of significant pathology.

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: 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) Neck and Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; and unequivocal findings that identify specific nerve compromise on the neurologic examination. ODG states indications for MRI which include neck pain with radiculopathy if severe or progressive neurologic deficit. In this case, the medical records do not reflect emergence of red flag or worsening of symptoms that warrant repeat cervical MRI. Most recent progress reports also failed to show severity of symptoms and objective findings of neurologic deficit. The medical necessity for additional imaging study was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for MRI OF THE CERVICAL SPINE is not medically necessary.