

Case Number:	CM13-0065795		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2007
Decision Date:	04/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Radiology and is licensed to practice in Texas. 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:

The patient is a 74-year-old male who reported an injury on 10/11/2007 when he was dragged about 5 feet from a golf cart, which reportedly caused injury to his cervical spine. Prior treatments included physical therapy, medications, activity modifications, and a home exercise program. The patient underwent an MRI in 09/2008 that revealed a 1 to 2 mm disc bulge at the C3-4 with moderate to severe right foraminal stenosis, a disc bulge at the C4-5 with moderate to severe neural foraminal stenosis, and multilevel disc degeneration. The patient underwent an X-ray on 10/18/2013 that noted C5-C6 disc space narrowing with foraminal encroachment and Luschka joint narrowing. The patient's most recent clinical examination revealed restricted range of motion secondary to pain with positive facet loading on the right side and a positive Spurling's sign causing pain but no radicular symptoms. The patient's motor examination and sensory examination of the upper extremities were within normal limits. The patient's diagnoses included cervical pain, cervical strain, low back pain, and cervical facet syndrome. A request was made for an updated MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for patients who have neurological deficits. The clinical documentation submitted for review does not provide any evidence that the patient has any radicular symptoms or sensory or motor strength deficits that would benefit from an MRI. Additionally, the clinical documentation submitted for review does indicate that the patient previously underwent an MRI. Official Disability Guidelines do not recommend repeat imaging unless there is evidence of severe progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation does indicate that the patient underwent an x-ray in 10/2013 of the cervical spine. However, there was no evidence of a significant change in the patient's pathology to support the need for an additional MRI. As such, the requested MRI of the cervical spine without dye is not medically necessary or appropriate.