

Case Number:	CM13-0067825		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2007
Decision Date:	05/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/18/2013

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 Pennsylvania. 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 indicate the patient is a 38-year-old male with a reported injury date of 12/13/07. The patient has reported neck pain and has been diagnosed with cervical radiculopathy. Electrodiagnostic studies in 2007 were reported to show mild chronic "C5-C7-C8-T1 cervical radiculopathy with subsequent healing." There was no ongoing denervation at that time. The claimant also underwent a previous MRI of the cervical spine, which was performed on 12/13/07. The study was noted to show multilevel degenerative changes with osteophytes contributing to stenosis at C4-5, C5-6, and C6-7. There was no herniated disc or other posttraumatic pathology identified. It is not clear if the patient has had significant changes in symptoms or examination findings recently, and there is no recent comprehensive neurologic evaluation. A repeat cervical MRI to be performed in an erect position has been requested.

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, IN ERECT MRI MACHINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Low Back: Standing MRI.

Decision rationale: There is insufficient information to justify an erect cervical MRI at this time. In general, based on the ACOEM Guidelines, an MRI would be reserved for patients with the suggestion by history or examination of nerve root compromise with specific neurologic signs or symptoms. It is not clear if this claimant has had a significant clinical change in symptoms or examination findings since the time of the prior MRI. It is also unclear why an erect MRI of the cervical spine has been ordered. According to the Official Disability Guidelines, an erect (standing) MRI study has not been shown to effectively alter clinical management compared with a standard supine evaluation. For all of these reasons, the ACOEM and ODG Guidelines, there is insufficient information according to the records reviewed to justify a repeat cervical MRI study for this claimant, particularly an erect MRI.