

Case Number:	CM13-0068506		
Date Assigned:	01/03/2014	Date of Injury:	05/12/2004
Decision Date:	07/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine 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:

Ortho supplemental report dated 11/06/2013 indicates the patient complained of pain in her neck radiating to her right upper extremity. On exam, motion about the wrist and hand caused pain. There is evidence of hypersensitivity with Allodynia. The cervical paraspinals are tender. The right upper extremity sensation is decreased. Of note, the patient had x-rays of the cervical spine and it revealed a large anterior osteophyte at C3-C4. There are anterior osteophytes at C4-5 and C5-6. Diagnoses are possible cervical radiculopathy, right-sided and right upper extremity complex regional pain syndrome. It is recommended that the patient continue with a pain management specialist and obtain an MRI of the cervical spine. A prior utilization review dated 11/19/2013 states the request for cervical spine MRI single position is not authorized as a previous MRI of the cervical spine was performed on 12/27/2011. The patient's condition remains unchanged; therefore, a repeat study is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) SINGLE POSITIONAL MRI OF THE CERVICAL SPINE: 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter, Magnetic resonance imaging (MRI).

Decision rationale: This is a request for a repeat cervical MRI to rule out cervical stenosis for a 60-year-old female injured on 5/12/04 with chronic neck pain and R-sided radicular pain with "disrupted" right upper extremity sensation. The patient's motor strength is 5/5. Upper motor neuron signs are absent. Cervical spine x-rays on 11/6/13 at the time of the request showed multiple osteophytes. According to ODG guidelines, a repeat cervical MRI is not routinely recommended and should be reserved for a significant change in symptoms and /or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. However, a cervical MRI was previously performed on 12/27/11 and showed multilevel degenerative disc disease. The patient underwent epidural steroid injection on 7/29/13 apparently without much relief. Documentation of the distribution of the patient's right upper extremity symptoms is lacking. The physical examination findings lack detail. There is no documentation of interval injury or red flags. As such medical records do not establish significant worsening or dermatomal exam findings consistent with cervical radiculopathy. Therefore the request is not medical necessity.