

Case Number:	CM13-0068895		
Date Assigned:	01/03/2014	Date of Injury:	09/27/2012
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Interventional Spine 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 45-year-old female with a date of injury of 09/27/2004. The listed diagnoses per [REDACTED] are: 1. Cervical disk herniation. 2. Strained neck. 3. Cervical radiculopathy. According to report dated 12/06/2013 by [REDACTED], the patient presents with left arm and neck pain. The neck pain is moderate to severe and constant. Examination revealed positive for sensory changes of the left arm. Cervical spine exhibited decreased range of motion, tenderness, and pain. There is sensory deficit noted in the left forearm and hand. Treater would like to schedule an MRI of the cervical spine. Utilization review is dated 12/10/2013.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Neck & Upper Back, Magnetic Resonance Imaging.

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

Decision rationale: This patient presents with left arm and neck pain. The treater is requesting a MRI of the cervical spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: "Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ACOEM Guidelines may be more appropriately applied for acute and subacute cases. For chronic condition, ODG Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. Medical records indicates the patient had cervical MRI immediately following her injury back in 2004. The report was not provided for review. In this case, while the patient has persistent pain with sensory changes, no progressive neurologic deficits are noted without a significant change. There are no new injuries, no red flags, and no significant change in clinical presentation to require another set of MRI's. Recommendation is for denial.