

Case Number:	CM13-0069992		
Date Assigned:	04/02/2014	Date of Injury:	03/18/2010
Decision Date:	05/12/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Preventive 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:

According to the records made available for review, this is a 43-year-old female with a 3/18/10 date of injury, and C6-7 anterior cervical discectomy and fusion with cage and instrumentation 7/20/13. At the time (12/2/13) of request for authorization for computed tomography (CT) scan of the cervical spine without contrast and MRI (magnetic resonance imaging) of the lumbar spine without contrast, there is documentation of subjective (neck pain radiating down both arms and low back pain and pain down the right leg to the dorsal right foot) and objective (tenderness of the paracervical muscles, trapezius musculature, and across the interscapular space, decreased sensation over the left C8 dermatomes and mildly over the left C6 dermatome, restricted range of motion in the cervical spine, and diminished reflexes in the triceps) findings, current diagnoses (left C6 and C7 radiculopathy, C6-7 disc degeneration, lateral recess stenosis, left greater than right at the C6-7 level, and right leg radiculopathy), and treatment to date (surgery, physical therapy, and medications). Medical report identifies that a CT scan of the cervical spine is being requested to determine evidence of pseudoarthrosis vs. fusion. Regarding CT scan of the cervical spine, there is no documentation that plain film radiographs are negative. Regarding MRI of the lumbar spine, there is no documentation that plain film radiographs are negative and objective findings that identify specific nerve compromise on the neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: The MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of a computed tomography (CT). Within the medical information available for review, there is documentation of diagnoses of left C6 and C7 radiculopathy, C6-7 disc degeneration, lateral recess stenosis, left greater than right at the C6-7 level, and right leg radiculopathy. In addition, there is documentation of a medical report identifying that a CT scan of the cervical spine is being requested to determine evidence of pseudoarthrosis vs. fusion. Furthermore, there is documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult, neurologic dysfunction, and failure of conservative treatment. However, there is no documentation that plain film radiographs are negative. Therefore, based on guidelines and a review of the evidence, the request for CT scan of the cervical spine without contrast is not medically necessary.

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI (magnetic resonance imaging). Within the medical information available for review, there is documentation of diagnoses of left C6 and C7 radiculopathy, C6-7 disc degeneration, lateral recess stenosis, left greater than right at the C6-7 level, and right leg radiculopathy. In addition, there is documentation of low back pain and pain down the right leg to the dorsal right foot. However, there is no documentation that plain film radiographs are negative and objective findings that identify specific nerve compromise on the neurologic examination. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine without contrast is not medically necessary.

