

Case Number:	CM14-0002919		
Date Assigned:	01/29/2014	Date of Injury:	06/21/2013
Decision Date:	06/19/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/08/2014

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 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 44-year-old male with a 6/21/13 date of injury, and status post cervical anterior microdiscectomy and fusion 8/14/13. At the time (12/31/13) of request for authorization for post-operative MRI of the cervical spine, there is documentation of subjective (same right arm numbness) and objective (neck range of motion with minimal discomfort, tenderness and neuropathic pain in the right shoulder, right arm, lower arm, and hand, DTRs a little more active on the right knee and ankle versus left; some possible weakness in the left hand that could be myelopathic) findings, current diagnoses (myelopathy spinal cord), and treatment to date (medications). A 12/20/13 medical report identifies a request for a postoperative MRI scan of the cervical spine to verify that the spinal cord has actually been decompressed and there is nothing else to do from a surgical perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE MRI OF THE CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 8, 182

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: 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 an MRI. The ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical records provided for review, there is documentation of myelopathy spinal cord. In addition, there is documentation that the patient is status post cervical anterior microdiscectomy and fusion 8/14/13 and a request for post-operative cervical MRI to verify that the spinal cord has actually been decompressed and there is nothing else to do from a surgical perspective. Therefore the request for a post-operative MRI of the cervical spine is medically necessary.