

Case Number:	CM14-0003923		
Date Assigned:	02/05/2014	Date of Injury:	11/08/2008
Decision Date:	06/26/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/09/2014

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 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:

The patient underwent cervical foraminotomy and laminoplasty at C3-4, C5-6, and C6-7 on 2/26/13. The postoperative course was complicated by sleep apnea and prolonged ICU stay secondary to somnolence, CO2 retention, and respiratory issues. The patient was transferred to rehab service on 3/4/13. In April, the patient reported a fall getting out of the shower because his right knee was not working. The patient complains of right knee and low back pain. A 5/9/13 progress report indicates persistent neck and low back pain. Physical exam demonstrates tense paracervical muscles. The right knee is swollen, with tenderness over lateral joint line. A 5/30/13 progress report indicates persistent neck and low back pain. A 1/29/14 progress report indicates persistent neck pain, low back pain, and right knee pain. Physical exam demonstrates medial joint line tenderness. X-rays demonstrated early degeneration and narrowing of the medial compartment on the weight bearing film of the right knee. A 12/17/13 progress report indicates persistent neck pain radiating down the left upper extremity to the left hand. There is also low back pain radiating to the right hip. Physical exam demonstrates unremarkable upper extremity neurologic findings. Cervical x-rays on 10/11/13 demonstrated spondylolisthesis at C3-4 and C4-5 and spondylosis C3 through C7. Treatment to date has included physical therapy, medications, and a neck brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI

Decision rationale: ACOEM Guidelines supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, while the patient presents with persistent cervical pain complaints following cervical surgery, neurologic findings were unremarkable. It is unclear how a cervical MRI would alter the further course of management. Therefore, the request is not medically necessary and appropriate.