

Case Number:	CM14-0005589		
Date Assigned:	01/24/2014	Date of Injury:	06/18/2008
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 is a 33-year-old female who has submitted a claim for cervicobrachial syndrome associated with an industrial injury date of June 18, 2008. The patient complains of neck pain radiating to the right upper extremity and low back pain with radiation to the left thigh. Physical examination showed limitation of motion and tenderness over the cervical and lumbar spine; positive Spurling's on the right; hyperactive lower extremity reflexes and right ankle clonus; and diminished sensation in the S1 distribution on the left. MRI of the lumbar spine obtained on November 6, 2013 revealed a disc bulge at L5-S1 with mild neuroforaminal narrowing. MRI of the cervical spine was also obtained on December 20, 2013. It revealed a 2.0mm C3-4 central protrusion and a 2.0mm C4-5 and C5-6 broad-based disc protrusion, both mildly impressing on the thecal sac. A mild right neural foraminal narrowing is noted at the C4-5. The diagnoses include cervical degenerative disc disease with mild disc herniations at C3-C4, C4-C5 and C5-C6 with right-sided radiculopathy, and right S1 radiculopathy. A request is made for 3D MRIs of the cervical and lumbar spine. Treatment to date has included oral analgesics, acupuncture, physical therapy, chiropractic care, trigger point injections and LESI (lumbar epidural steroid injection). Utilization review from December 13, 2013 denied the request for MRI with 3D rendering & interpretation of cervical and thoracic spine because there was no record of any neurological change since the previous MRI to warrant a new study at this time. There is also no discussion of previous studies for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI W/3D RENDERING & INTERPRETATION CERVICAL & THORACIC SPINE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, PRACTICE GUIDELINES, 2ND EDITION, CHAPTER 8, TABLE 8-7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, 303-304.

Decision rationale: According to the Neck and Upper Back Complaints Chapter and the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination; those who do not respond to treatment; and those who are in consideration for surgery. In this case, the medical records did not show any red flag signs or symptom progression that would warrant additional imaging studies. Moreover, it was unclear as to why a thoracic MRI was requested when there was no evidence of thoracic spine pathology. Lastly, there was no rationale provided for the need of a 3D MRI over the conventional type. The request for MRI with three dimensional rendering & interpretation cervical & thoracic spine is not medically necessary or appropriate.