MAXIMUS Federal Services

Case Number:	CM14-0006184		
Date Assigned:	03/03/2014	Date of Injury:	02/04/2005
Decision Date:	08/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/15/2014

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 65-year-old male who has submitted a claim for cervical degenerative disc disease associated from an industrial injury date of 02/04/2005. The medical records from 01/05/2013 to 12/19/2013 were reviewed and showed that patient complained of neck pain radiating to the right hand. Physical examination showed cervical spine stiffness with spasm. There was decreased sensation in the right C5-C6 distribution. MRI (magnetic resonance imaging) of the cervical spine, dated 01/05/2013, revealed multiple levels of degenerative disc disease, degenerative joint disease with moderate spinal stenosis, and foraminal encroachment. The treatment to date has included Sintra, Theramine, Prilosec, Amitiza, Vicodin, ibuprofen, Abilify, Cymbalta, and Dexilant. A utilization review, dated 01/16/2014, denied the request for cervical spine MRI because there was no clinical information provided to indicate that the patient has ongoing neurologic deterioration, myelopathy, or spinal instability to indicate necessity for a repeat MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cercial spine, Qty: 1:00: 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): 179-180.

Decision rationale: The CA MTUS reference to ACOEM guidelines support 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. In this case, the patient has been complaining of neck pain radiating to the right hand. However, aside from hypoesthesia in the right C5-C6 distribution, there is lack of documentation involving testing of motor, deep tendon reflexes, and other provocative tests. MRI (magnetic resonance imaging) of the cervical spine, dated 01/05/2013, revealed multiple levels of degenerative disc disease, moderate spinal stenosis and moderate bilateral foraminal encroachment. There is no worsening of subjective complaints or objective findings that may warrant repeat investigation utilizing MRI. Furthermore, the rationale for repeat MRI was not given. The guidelines criteria have not been met. Therefore, the request for MRI of the cervical spine is not medically necessary.