

Case Number:	CM14-0006922		
Date Assigned:	02/07/2014	Date of Injury:	10/19/2004
Decision Date:	07/02/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/18/2014

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 55-year-old male who has submitted a claim for cervical disc degeneration and radiculopathy associated with an industrial injury date of October 19, 2004. Medical records from 2012-2013 were reviewed, the latest of which dated December 23, 2013 revealed that the patient continues to complain of neck pain. He has radiating symptoms to the head and headaches infrequently. On physical examination, there was limitation in range of motion of the cervical spine in extension to approximately 5 degrees, right lateral bending to approximately 5 degrees, left lateral bending to approximately 5 degrees, right rotation to 35 approximately degrees, and left rotation to 35 approximately degrees. There was mild pain toward terminal range of motion. There was also mild paraspinal spasm. Cervical x-ray done April 6, 2010 revealed fusion from C3 through T1 with plate and screws present at C3-4 and C7-T1. There was no movement of the cervical spine on flexion-extension views. MRI of the cervical spine done last March 11, 2011 revealed fusion from the C3-C4 through the C7-T1 levels. There was ventral screw/plate fixation at the C3-4 and C7-T1 levels, with anatomic fusion at C4-C5, C5-C6 and C6-C7 levels without orthopedic fixation hardware. There was mild stenosis of the spinal canal, mid sagittal 10mm at the C5-C6 level and mild narrowing of the left C3-C4 neural foramen. Cervical spine x-ray done last February 20, 2012 revealed anterior surgical fusion from C3-C4 through C7-T1. Treatment to date has included cervical fusion (4/14/05), facet block at bilateral C2-3 (5/22/13), epidural steroid injections, work restrictions, acupuncture, physical therapy, home exercise program, and unspecified anti-inflammatory medications. Utilization review from January 6, 2014 denied the request for MRI of the cervical spine without contrast because a repeat MRI is not routinely done and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no worsening of cervical spine condition and no significant neurologic deficits in the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, online edition, Chapter: Neck and Upper Back, (MRI) Magnetic resonance imaging.

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: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient has signs and symptoms consistent with cervical disc degeneration and radiculopathy. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. Therefore, the request for MRI of the cervical spine without contrast is not medically necessary.