

Case Number:	CM14-0008630		
Date Assigned:	02/12/2014	Date of Injury:	01/22/2008
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation, 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:

This 50 year-old patient sustained an injury to the neck and low back on 1/22/08 after lifting some trash while employed by [REDACTED]. Request(s) under consideration include Cervical MRI. The patient is s/p lumbar surgery. Report of 12/17/13 from the provider noted the patient with continued neck and back pain. There is occasional neck discomfort and headaches, but is not associated with any radiating pain complaints. Exam of the cervical spine showed 1+ tenderness and spasm; however, without any identifiable neurological deficits. The lumbar spine showed tenderness, spasm; decreased range of motion; decreased sensation at L5 and S1 dermatomes on right with slight improvement on left with symmetrical reflexes and 5-/5 motor strength. Diagnoses include post-laminectomy syndrome and Cervicalgia. Request(s) for Cervical MRI was non-certified on 1/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

Decision rationale: This 50 year-old patient sustained an injury to the neck and low back on 1/22/08 after lifting some trash while employed by [REDACTED]. Request(s) under consideration include Cervical MRI. The patient is s/p lumbar surgery. Report of 12/17/13 from the provider noted the patient with continued neck and back pain. There is occasional neck discomfort and headaches, but is not associated with any radiating pain complaints. Exam of the cervical spine showed 1+ tenderness and spasm; however, without any identifiable neurological deficits. The lumbar spine showed tenderness, spasm; decreased range of motion; decreased sensation at L5 and S1 dermatomes on right with slight improvement on left with symmetrical reflexes and 5-/5 motor strength. Diagnoses include post-laminectomy syndrome and Cervicalgia. Submitted reports have not shown any clinical findings of radiculopathy or neurological deficits consistent with any dermatomal distribution of radiculopathy or myelopathy. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated here. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic study. The Cervical MRI is not medically necessary and appropriate.