

Case Number:	CM14-0102470		
Date Assigned:	09/16/2014	Date of Injury:	12/06/2006
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 60 year-old with a date of injury of 12/06/06. A progress report associated with the request for services, dated 06/05/14, identified subjective complaints of acute pain in the neck and right arm as well as bilateral lower extremity after moving her neck. No weakness, numbness, or bladder or bowel symptoms were present. Objective findings included decreased range of motion and strength in the right upper extremity due to pain. Motor function was normal in the lower extremities. An MRI of the cervical spine on 02/24/14 showed C4-7 disc disease. Diagnoses included (paraphrased) XX. Treatment had included a cervical fusion (07/19/12), chiropractic therapy, acupuncture, physical therapy, and oral medications. A Utilization Review determination was rendered on 06/11/14 recommending non-certification of "1 single-positional MRI of the cervical spine w/o contrast; 1 single-positional MRI of the lumbar spine w/o contrast; 1 set of cervical x-rays with flexion/extension; and Decadron (unspecified)".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SINGLE-POSITIONAL MRI OF THE CERVICAL SPINE W/O CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, MRI

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that for cervical nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. The criteria for ordering special studies such as an MRI are listed as Emergence of a red flag; 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. Additionally, recent evidence indicates cervical disc annular tears may be missed on MRIs as well as a 30% false-positive rate in patients without symptoms and under the age of 30. The Official Disability Guidelines (ODG) state that an MRI is recommended with certain indications. These include: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurological signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurological signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic trauma spine trauma with neurological deficit. In this case, though the symptoms were new and acute, there is no documentation in the record of any "red-flags". Therefore, there is no documentation for the medical necessity for a cervical MRI. Therefore, the request is not medically necessary.

1 SINGLE-POSITIONAL MRI OF THE LUMBAR SPINE W/O CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, though the symptoms were new and acute, there is no documentation in the record of any of the above conditions. Therefore, there is no documentation for the medical necessity for an MRI of the Lumbar Spine. Therefore, the request is not medically necessary.

1 Set of cervical Xrays with flexion/extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Radiography; Flexion / Extension Imaging Studies

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state cervical spine x-rays are indicated with the emergence of a red flag, physiologic evidence of nerve dysfunction, failure to progress in an exercise program, or clarification of anatomy prior to a procedure. The Official Disability Guidelines (ODG) state that flexion and extension studies are not recommended as a primary criteria for range-of-motion. They also note that the study of choice for instability is an MRI. In this case, the above criteria were not documented. There are no documented medical necessity for flexion and extension x-rays of the cervical spine. Therefore, the request is not medically necessary.

Decadron (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Corticosteroids

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that oral corticosteroids are not recommended for low back pain. They do not address oral steroids for neck pain. The Official Disability Guidelines (ODG) reference their low back chapter related to oral steroids for neck pain. They state that they may be indicated for acute radicular pain. In this case, the record does not document acute radicular pain and therefore the medical necessity for Decadron. Therefore, the request is not medically necessary.