

Case Number:	CM14-0104495		
Date Assigned:	09/12/2014	Date of Injury:	04/11/2012
Decision Date:	10/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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 & 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:

The patient is a 59-year-old male who has submitted a claim for cervical disc protrusion, cervical degenerative disc disease, cervical stenosis, and bilateral upper extremity radiculopathy associated with an industrial injury date of 04/11/2012.

Medical records from 11/05/2013 to 06/20/2014 were reviewed and showed that patient complained of neck pain graded 7/10 radiating to left side of head, face, and thigh . Physical examination revealed tenderness over cervical paravertebral and upper trapezius muscles, decreased ROM secondary to pain, weakness of bilateral C5, C6, and C7 myotomal distribution, and hypesthesia along left C6 dermatomal distribution. There were no objective findings of progressive neurologic deficit when compared to physical examination dated 04/11/2014. EMG/NCV study of bilateral upper extremities dated 11/11/2013 was unremarkable. MRI of the cervical spine dated 04/09/2013 revealed C4-5, C5-6, and C6-7 disc desiccation, C3-4, C4-5, and C5-6, and C6-7 disc protrusion, and C4-5 and C5-6 left paracentral cord compression.

Treatment to date has included physical therapy and pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments.

Utilization review dated 06/05/2014 denied the request for MRI cervical spine, CT cervical spine, and X-ray cervical spine including AP, lateral flexion and extension views because there was no clear indication for imaging studies based on the information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

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, Magnetic resonance imaging (MRI)

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that 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 complained of neck pain radiating into the left side of face, head, and thigh. Physical findings include weakness of bilateral C5, C6, and C7 myotomal distribution, and hypesthesia along left C6 dermatomal distribution. The patient's clinical manifestations were inconsistent with a focal neurologic deficit to warrant MRI study. Moreover, the objective findings did not show progression of neurologic deficit when compared to physical findings on evaluation date of 04/11/2014. Furthermore, there was no documentation of functional outcome from physical therapy to provide evidence of treatment failure. There is no clear indication for cervical spine MRI at this time. Of note, a previous MRI was already done on 04/09/2013 with results of C4-5 and C5-6 left paracentral cord compression. It is unclear as to why a repeat MRI of the cervical spine is needed. Therefore, the request for MRI cervical spine is not medically necessary.

CT cervical spine: Upheld

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

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, Computed Tomography

Decision rationale: As stated on pages 179 to 180 of CA MTUS ACOEM guidelines, imaging studies are supported 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. ODG states that cervical CT scans are indicated with suspected or known cervical spine trauma, after obtaining plain films. In this case, the patient complained of neck pain radiating into the left side of face, head, and thigh. Physical findings include weakness of bilateral C5, C6, and C7 myotomal distribution, and hypesthesia along left C6 dermatomal distribution. The patient's clinical manifestations were inconsistent with a focal neurologic deficit to warrant CT scan. Moreover, the objective findings did not show progression of neurologic deficit when compared to physical findings on evaluation date of 04/11/2014. Furthermore, there was no documentation of

functional outcome from physical therapy to provide evidence of treatment failure. There is no clear indication for cervical spine CT scan at this time. Therefore, the request for a CT cervical spine is not medically necessary.

X-ray cervical spine including AP, lateral flexion and extension views: Upheld

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

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) Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Radiography

Decision rationale: As stated on pages 179 to 180 of CA MTUS ACOEM guidelines, imaging studies are supported 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. ODG recommends x-rays as the first study for patients of any age with chronic neck pain and history of neck surgery. In this case, the patient complained of neck pain radiating into the left side of face, head, and thigh. Physical findings include weakness of bilateral C5, C6, and C7 myotomal distribution, and hypesthesia along left C6 dermatomal distribution. The patient's clinical manifestations were inconsistent with a focal neurologic deficit to warrant X-ray study. Moreover, the objective findings did not show progression of neurologic deficit when compared to physical findings on evaluation date of 04/11/2014. Furthermore, there was no documentation of functional outcome from physical therapy to provide evidence of treatment failure. There is no clear indication for x-ray MRI at this time. There is no new injury or trauma that may warrant such. Therefore, the request for X-ray cervical spine including AP, lateral flexion and extension views is not medically necessary.