

Case Number:	CM14-0104922		
Date Assigned:	07/30/2014	Date of Injury:	10/08/2013
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 63 year old female who sustained an injury to her neck on 10/08/13 while walking out of a patient's room, her right foot caught on the phone cord and she fell to the floor landing on her hands and left knee. MRI of the cervical spine dated 11/11/13 revealed minimal disc osteophyte complexes at C2-3 and C3-4; light paracentral disc protrusion at C4-5 that indents to the ventral cord; severe left facet arthropathy with moderate narrowing of the left narrow foramen; C5-6, vertebral bodies are fused; mild disc osteophyte complex greater on the right; C6-7 mild disc osteophyte complex and left uncovertebral joint osteophyte causing severe left neural foraminal narrowing. Operative note dated 02/24/14 reported that the injured worker underwent left C8 cervical epidural steroid injection to adjacent levels symptomatic disc disease at C6-7. Clinical note dated 06/17/14 reported that the injured worker continued to complain of radiating pain, numbness and weakness in the left arm. The injured worker was assessed to have C7-8 radiculopathy secondary to symptomatic adjacent level disc disease at C6-7 with severe left neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

Decision rationale: The request for MRI without contrast of the cervical spine is not medically necessary. Previous request was denied on the basis that in this case, there was no rationale for repeat MRI of the cervical spine as there was a prior postoperative MRI performed on 11/11/13. There was limited documentation of significant change in the neurological deficit in the upper extremities such as muscle weakness, reflex changes or sensory deficits that would support the need for repeat cervical imaging. Based on current clinical deficits, documentation provided and evidence based guideline recommendations, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study. There was no mention that a surgical intervention is anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI without contrast of the cervical spine is not indicated as medically necessary.