MAXIMUS Federal Services

Case Number:	CM14-0105608		
Date Assigned:	09/24/2014	Date of Injury:	06/26/2008
Decision Date:	10/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 46 year-old patient sustained an injury on 6/26/08 while employed by [redacted]. Request(s) under consideration include Cervical MRI with Contrast. Diagnoses include Cervicalgia/ C3-4 disc desiccation s/p cervical fusion; Chronic pain syndrome. Conservative care has included multiple diagnostic EMG, X-rays, post-op MRIs, Multiple consults (ENT for post-op dystonia/ Urologist and GI consults); Botox injections, gym membership, Home-health aide, medications, acupuncture, therapy, Functional Restoration Program. The orthopedic AME report of 1/23/13 opined future medical care for the neck to include conservative measures of doctors' visits, over-the-counter medications, and a short-trial of 6 physical therapy (PT) visits/ year for exacerbation. It was noted remote provision for future surgery should not be undertaken lightly. Report of 11/5/13 from the provider noted the patient with ongoing chronic pain; been attending LA Fitness with PT and water program. Medications list Tramadol, Zanaflex, Melatonin, Vitamin B12, DHEA, and Minocycline. Exam showed neck tenderness over scalene; negative Tinel's. MRI of cervical spine dated 12/5/12 showed cervical fusion C4-7 with C3-4 disc desiccation with osteophytes and foraminal stenosis. The patient remained TTD with medication refills. Report of 6/19/14 from the provider noted the patient with ongoing chronic symptoms. The patient had stopped going to the gym and is walking. Exam showed neck tenderness with positive Spurling's; 5/5 motor strength in the upper extremities with symmetrical intact DTRs 2+. Treatment included cervical MRI. The request(s) for Cervical MRI with Contrast was non-certified on 6/30/14 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 with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication to repeat the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological findings throughout bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Cervical MRI with Contrast is not medically necessary.