

Case Number:	CM14-0108454		
Date Assigned:	08/01/2014	Date of Injury:	01/24/2000
Decision Date:	09/30/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine and is licensed to practice in Ohio. 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 35 year old female with a date of injury of 1/24/2000. She has had chronic neck pain radiating into the upper extremities with temperature changes and neurologic symptoms of the hands. She has been diagnosed with thoracic outlet syndrome, chronic regional pain syndrome, cervical muscle spasm, adhesive capsulitis of the shoulder, and cervical facet syndrome. She underwent a cervical fusion surgery in 2003, has had facet blocks, a rhizotomy in the cervical spine, epidural steroid injections, has had physical therapy and pain medication. She has had several procedures pertaining to her thoracic outlet syndrome. On 6-11-2014 her orthopedist ordered another cervical magnetic resonance imaging (MRI) stating that the injured worker had the red flag symptom of continuing radicular symptoms despite a prolonged period of non-operative care. The physical exam documented that day no sensory deficit, normal bicipital and triceps reflexes, and no upper extremity atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Images) of Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic Resonance Imaging.

Decision rationale: Per the Official Disability Guidelines, a repeat cervical MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). The requesting physician did not demonstrate how there had been a significant change in symptoms over time nor was there documentation of a physical exam that strongly suggested neurocompression. The requesting physician did not show evidence for a 'red flag' such that he was concerned regarding tumor, infection, fracture, or dislocation. Per the ACOEM referenced above, an MRI scan of the cervical spine is indicated for the presence of a red flag sign, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program to avoid surgery or the need to clarify anatomy prior to an invasive procedure. In fact, a normal neurologic exam was documented in the upper extremities. An MRI of the cervical spine is/was not medically necessary per the above referenced guidelines.