

Case Number:	CM14-0014301		
Date Assigned:	02/26/2014	Date of Injury:	03/25/2002
Decision Date:	06/26/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/04/2014

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, 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 52 year old female who was injured on 03/25/2002 when she fell on the left side of her body. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing neck surgery in 2011. Diagnostic studies reviewed include x-rays of the cervical spine dated 07/10/2013 revealing stable cervical spine post surgical changes and alignment. No motion is found during flexion or extension. C3-4 through C5-6 anterior body and anterior fusion. Posterior C7 body pedicle screws. An MRI of the cervical spine w/o contrast dated 09/09/2013 revealed postoperative changed with fairly minimal degenerative changes. No high grade spinal canal or foraminal stenosis. Normal cord signal. Progress note dated 12/27/2013 documents the patient is experiencing radicular pain in right and left arm and stiffness and pain with movement. Severity of the condition is a 3/10 and located at the right and left side of the neck. She complains of aching and stinging shoulder pain. Severity is rated 7-8/10. Everyday use worsens the condition and lifting worsens condition. She also complains of hip pain that is 5-5/10 in severity. She has been doing well with the use of medications and HEP and she has been able to increase her functional capacity and has had decreased pain and suffering with their use. Her current medications consist of: 1. Aspirin 2. Calcitrol 3. Coreg 4. Crestor 5. Cymbalta 30 mg 6. Cymbalta 65 mg delayed release 7. Dexilant 8. Dulera 9. Lyrica 10. Oxycontin 11. Percocet 12. Plavix 13. ProAir 14. Robaxin 15. Singulair 16. Spironalactone 17. Topamax 18. Topiramate 19. Trazadone Objective findings on neurological exam reveal headaches and numbness. She does have decreased sensory and decreased grip strength in the right upper extremity as compared to the left. She does have difficulty with range of motion of her cervical spine in connection with both of her shoulders. Proprioception sensation is normal. Neck exam reveals pain to palpation over the C2 to C3, C3 to C4 and C5 to C6 facet capsules left sided secondary to myofascial pain with triggering and ropey fibrotic banding. Assessment: 1. Status post three

level cervical spine fusion. 2. Instability of her cervical spine status post multiple level fusion. 3. Increasing lumbosacral spinal pain with radiculopathy. 4. Myofascial pain with point tenderness, triggering and ropey fibrotic banding. UR report dated 02/03/2014 did not certify MRI of the cervical spine. Since the episode when the patient experienced symptoms suggested spinal cord compression, she has undergone an MRI of the cervical spine which was essentially negative. She has also had flexion and extension x-rays, although the reports are not submitted for review. There is no significant change in the patient's neurological status or condition since she underwent a recent MRI on 09/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, MRI is recommended to identify anatomic defect. The ODG guidelines do not routinely recommend repeat MRI of the cervical spine. According to the guidelines repeat MRI may be considered if there is progression of neurological symptoms/signs or new red flag symptoms arise concerning for spinal cord compression, infection, etc... The clinical documents did not demonstrate an indication for a repeat MRI that fits within the guideline criteria listed above. The patient does continue to have neurological signs and symptoms but it is unclear if these symptoms are progressive or chronic. From the documents provided it is unclear what the status of the patient's current state is and any recent therapies which have been performed. It is unclear from the documents how a MRI would alter management at this time. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.