

Case Number:	CM14-0017478		
Date Assigned:	04/14/2014	Date of Injury:	09/12/2011
Decision Date:	05/29/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation 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 patient is a 44 year old with an injury date on 9/12/11. Based on the 12/18/13 progress report provided by [REDACTED], the diagnoses are: 1. C5-C6 disc herniation with right C6 radiculopathy 2. L5-S1 disc profusion with right S1 radicular pain 3. Reactive depression No previous MRIs were provided in reports. [REDACTED] is requesting MRI for the patient's cervical spine. The utilization review determination being challenged is dated 1/16/14 and recommends denial of the MRI. [REDACTED] is the requesting provider, and he provided treatment reports from 8/8/13 to 2/10/14.

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 Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine(ACOEM), 2nd Edition, page 303 and http://www.odg-twc.com/odgtwc/low_back.htm#Protocols.

Decision rationale: According to the 12/18/13 report by [REDACTED], this patient presents with neck pain that is "tense, stiff, feels like a rock," radiating to shoulder and interscapular area on the right, with additional sharp pain radiating down arm into medial forearm and into third through fifth digits. The request is for MRI of the cervical spine. In the 8/8/13 report patient complained of neck pain rated 7/10, and range of motion test showed 40 degree cervical flexion pain free. The 11/22/13 report showed patient still had 7/10 neck pain, reduced to 5/10 with medication, but had seen improvement to back pain with daily 45-minute exercise routine and home traction unit use. On 12/18/13, patient's neck pain increased to 8/10, radiating to skull and right part of face. Patient was unable to undergo range of motion test due to pain, and showed tenderness to palpation in right cervical paraspinal, trapezius, and rhomboid muscles, receiving trigger point injection to those 3 areas. On 1/13/14, patient reported reduction of pain to 4/10 for several weeks following previous trigger point injection, but also had muscle spasms in neck from overactivity in household chores. Range of motion showed cervical flexion to 50 degrees pain free. ACOEM guidelines support specialized studies for red flags, physiologic evidence of tissue insult or neurologic dysfunction. ODG guidelines support MRI's for neurologic signs or symptoms that have not improved with conservative care. This patient presents with significant radicular symptoms, sign of neurologic dysfunction, and has had extensive conservative care. However, it is apparent that the patient has had an MRI before as the treater reports disc herniation at C5-6. An updated MRI is not indicated unless there is a new injury, significant change in neurologic status or in anticipation of surgery. The request for MRI Cervical Spine is not medically necessary.