

Case Number:	CM14-0019514		
Date Assigned:	04/21/2014	Date of Injury:	08/01/2000
Decision Date:	07/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery 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 claimant is a 66-year-old individual who sustained an injury on August 1, 2000. The current diagnosis is noted as a reflex sympathetic dystrophy (337.21). The mechanism of injury is noted as a slip and fall. Cervical surgery was completed in 2010 and it is noted a recent CT scan had been obtained. Subsequent to the surgery there were ongoing complaints of neck and low back pain. The physical examination noted a decrease in cervical spine range of motion, normal motor function and no specific sensory losses identified. Multiple medications are employed (Alprazolam, Carisoprodol, Oxycodone & Oxymorphone). Urine drug screening is not consistent with the medications prescribed. The progress note dated May 28, 2013 reported ongoing complaints of neck pain, facial pain, headaches, and multiple trigger points throughout the cervical spine. Ambulation was limited, sensation was decreased and motor function was 5/5. Occipital nerve blocks were performed. Multiple medications were prescribed. A CT scan dated February 13, 2013 noted the anterior cervical fusion between C4 and C6. Metallic hardware is in place. An orthopedic consultation dated July 17, 2013 noted ongoing complaints of neck and low back pain. The physical examination was unchanged. A repeat surgical intervention is suggested. Subsequent evaluations included urine drug screening. The August progress note indicated some difficulty with swallowing. Monthly follow-up in urine drug screening is noted. The clinical assessment remains unchanged. It is noted with the November assessment the urine drug screening was not consistent with the medications prescribed. Also reported is a worsening symptom of the cervical spine. The symptoms were described as intractable neck, upper and lower back pain. Numbness in the bilateral upper and lower is also reported. Difficulty with sleep and depression also reported. Electrodiagnostic testing was reported to be abnormal. A C5 radiculopathy was identified.

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): 177-178.

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

Decision rationale: The patient has a long history of neck pain. Also noted is a two-level fusion with retained metallic hardware. The physical examination is essentially unchanged and there are more inconsistencies with the analgesic medications prescribed in the urine drug screening. Lastly the electrodiagnostic assessment is consistent with radiculopathy noted prior to surgery. As such, there are no red flags presented to suggest the need to repeat the MRI particularly in the face of retained hardware. The pain is not noted to be acute, there are no progressive neurologic deficits, there is no significant trauma, and the neurologic abnormalities are standing. Therefore, the request for a MRI of the cervical spine is not medically necessary and appropriate.