

Case Number:	CM14-0110722		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2005
Decision Date:	10/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old female was reportedly injured on June 12, 2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of neck pain. There is a new complaints of pain radiating to the left arm. Current medications include Vicodin and Motrin. The physical examination demonstrated tenderness along the cervical and thoracic spine musculature as well as the trapezius. There is full range of motion of the cervical spine and spasms present with motion. Decreased sensation was observed at the C6 dermatomes on the left side. Diagnostic radiographs of the cervical spine show postoperative changes of a fusion at C4 - C5 and C5 - C6 with anterior plating in place. Previous treatment includes a cervical spine fusion at C4 - C5 and C5 - C6. A request had been made for an x-ray of the cervical spine and an MRI the cervical spine and was not certified in the pre-authorization process on June 13, 2014.

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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: The ACOEM Practice Guidelines support repeating an MRI of the cervical spine for significant or new radicular or myelopathy symptoms if both the patient and surgeon are considering prompt surgical treatment and the previous MRI is more than 6 months old. The progress note dated May 23, 2014, reveals a new complaint of numbness in the left upper extremity and a physical examination findings of decreased sensation in the left arm. As such, this request for an MRI the cervical spine is medically necessary.

X-rays 2 views of cervical spine (Retrospective) (5/23/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM: Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Diagnostic Investigations, (Electronically sited).

Decision rationale: The ACOEM Practice Guidelines support plain radiographs in patients with subacute or chronic neck pain when with red flags (e.g., dangerous mechanism of injury, age over 65 years, parenthesis in extremities) and not improving with conservative treatment. The progress note dated May 23, 2014, reveals a new complaint of numbness in the left upper extremity and a physical examination findings of decreased sensation in the left arm. As such, this request for an x-ray of the cervical spine is medically necessary.