MAXIMUS Federal Services

Case Number:	CM14-0113011		
Date Assigned:	08/04/2014	Date of Injury:	02/29/1996
Decision Date:	10/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 an injured worker with a history of cervicalgia and thoracic outlet syndrome. Date of injury was 02-29-1996. The primary treating physician's progress report dated 6/13/14 documented subjective complaints of neck pain which was rated at 7/10 and right arm pain. The patient had more radiating pain into the right arm. Medications included Baclofen, Cymbalta, and Tizanidine. Physical examination was documented. On examination of the cervical spine, the spine flexion had abnormality with pain that radiated from the neck to the right arm. The cervical spine pain was elicited by right-sided rotation at 45 degrees, and left sided rotation at 55 degrees. The strength was reduced in the upper extremities. Deep tendon reflexes in bilateral upper extremities were normal. Diagnoses were asthmatic bronchitis, obstructive sleep apnea, paroxysmal atrial fibrillation with tachycardia, thoracic outlet syndrome, obstructive emphysema, diaphragmatic paralysis after thoracic outlet surgery, restrictive lung disease, thoracic stomach and hiatal hernia repaired, lumbago with sciatica, migraine headache, cervicalgia, chronic pain and muscle spasm. Treatment plan included a request for MRI of the neck. Utilization review determination date was 7/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of 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): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure.The primary treating physician's progress report dated 6/13/14 documented subjective complaints of neck pain with associated right upper extremity pain. Physical examination demonstrated cervical pain, decreased range of motion, and reduced strength. MRI of the cervical spine was requested. No x-ray radiographs of the cervical spine were documented. MTUS and ACOEM guidelines state that x-ray radiographs are recommended as the initial study. The first recommended imaging study is x-ray radiography. Because x-ray radiographs of the cervical spine are not documented, the request for cervical spine MRI is not supported.Therefore, the request for Magnetic resonance imaging (MRI) of cervical spine is not medically necessary.