

Case Number:	CM14-0113803		
Date Assigned:	08/01/2014	Date of Injury:	09/07/2006
Decision Date:	09/25/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family 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:

This is a 58 year old male who reported an industrial injury on 9/7/2006, over eight (8) years ago, attributed to the performance of his job tasks, reported as falling from a ladder and struck his neck against a wall. The industrial claim was accepted for the larynx/neck. The patient was established as permanent and stationary. The MRI of the cervical spine demonstrated evidence of multilevel moderate to severe degenerative disc changes C3-C4 through C6-C7; all four of these levels demonstrate mild central spinal canal stenosis, demonstrate a component of left or right eccentricity of disc osteophyte complex, and slight AP flattening of the left or right cord; they superimpose broad-based focal disc protrusion left lateral recess of C6-C7. The patient was documented to have had an anterior cervical discectomy and osteophyte removal C4-C5, C5-C6, C6-C7; anterior cervical fusion C4-C5, C5-C6, C6-C7. On 6/4/2014 the patient was reported to have had stable neck pain until five days earlier when he experience pain that radiated into the right shoulder. The pain subsequently went to the right arm and shoulder. The objective findings on examination included tenderness to palpation as well as spasms of the right of the cervical paraspinal musculature; range of motion is guarded with pain. X-rays were taken of the cervical spine. Trigger point injections were administered to the right side of the cervical paraspinal musculature. The treatment plan included open MRI of cervical spine with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the Cervical Spine with and without Contrast: 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): 177-178,182. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Neck and Upper Back MRI.

Decision rationale: The request for a MRI of the cervical spine was not supported with objective findings on examination to support medical necessity. The patient is 8 years s/p DOI and has had a prior cervical spine fusion C4-C7. The patient reported five (5) days of pain radiating to the shoulder and arm. There was no provided conservative treatment for the reported subjective change in clinical status. X-rays of the cervical spine were taken but not reported. There provided trigger point injections were given at the same time the MRI of the cervical spine was ordered. The rationale for the requested imaging studies was not documented and there was no objective evidence to support the medical necessity of the requested imaging studies. The patient was not documented to have been provided conservative treatment and was not documented to have failed the attempted conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a repeated MRI of the cervical spine as a screening study s/p fusion with a five (5) day history of neck pain radiating to the shoulder. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the cervical spine. The medical necessity of the requested MRI of the cervical spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines, or the Official Disability Guidelines for the authorization of a cervical spine MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Cervical MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the cervical spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the cervical spine/thoracic spine or meet the recommendations of the currently accepted evidence-based guidelines. There is no provided rationale for the MRI of the cervical spine/thoracic spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for a repeated MRI of the cervical spine with and without contrast prior to the provision of conservative care, reporting the results of the x-rays, and reporting the results of the trigger point injections.