

Case Number:	CM14-0113935		
Date Assigned:	09/18/2014	Date of Injury:	12/30/1998
Decision Date:	10/16/2014	UR Denial Date:	07/10/2014
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 Occupational 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 patient is a 51 year old male employee with date of injury of 12/30/1998. A review of the medical records indicates that the patient is undergoing treatment for cervical disc degeneration, shoulder arthralgia, and shoulder calcifying tendinitis. Subjective complaints include neck pain, which increases at night; rotating head causes sharp pain (6/28/2014). Physician's report (7/30/2014) indicated that neck and right shoulder conditions have not changed since last exam. Objective findings include cervical spine exam in June 2014 revealing tenderness with slight spasm, "stiff" range of motion, positive Spurling test; neurological exam revealed slight hypesthesia dorsal, radial right forearm and thumb. X-rays taken on 6/28/2014 consisted of four views of the cervical spine, revealing solid interbody fusion with anterior cervical plate internal fixation at C6-7; no hardware failure; moderate anterior longitudinal ligament ossification at C5-6. An MRI dated 7/13/2013 indicates postsurgical changes consistent with anterior cervical discectomy and fusion at C6-7. EMG of the cervical paraspinal muscles and bilateral supraspinatus muscles was conducted on 7/21/2014 with the physician reporting "Normal EMG of bilateral upper extremities without electrodiagnostic evidence of acute or chronic cervical radiculopathy or cervical nerve root involvement." Medications have included ibuprofen 800mg 3/day for pain, Vicodin 5-300mg tablet 1 every 8-12 hours for pain, and codeine. The utilization review dated 7/10/2014 non-certified the request for 1 MRI of cervical spine because no red flags being raised from a recent MRI exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of 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, 182.

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Indications for imaging MRI (magnetic resonance imaging) are: - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present.- Neck pain with radiculopathy if severe or progressive neurologic deficit.- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present.- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present.- Chronic neck pain, radiographs show bone or disc margin destruction.- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal.- Known cervical spine trauma equivocal or positive plain films with neurological deficit and upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. Additionally, there was an MRI performed 7/2013. The treating physician does not correlate what subjective or objective findings are observed to warrant another MRI. As, such the request for 1 MRI of cervical spine is not medically necessary.