

Case Number:	CM14-0117524		
Date Assigned:	08/04/2014	Date of Injury:	06/18/2001
Decision Date:	09/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation and Pain 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 injured worker is a 60-year-old female smoker who reported injuries from a motor vehicle accident on 06/18/2001. On 06/17/2014, her diagnoses included lumbar/lumbosacral disc degeneration, lumbosacral neuritis, cervical radiculitis, disc degeneration, pain in the thoracic spine, right knee pain, Baker's cyst, degenerative joint disease of the left knee, pain in limb, and status post right total knee replacement. Her surgical history included a cervical fusion on 05/20/2010; 3 surgical fusions, 2 in the front and 1 in the back, on 01/20/2014; and an anterior/posterior L4-5 and L5-S1 lumbar fusion on 03/17/2011. She had failed conservative treatments including physical therapy, aqua therapy, TENS unit, Celebrex, and other NSAIDs, which caused severe abdominal discomfort. Her complaints included increasing cervical and occipital pain. The rationale for the CT scan of the cervical spine on 09/04/2013 stated that SPECT imaging along with the CT scan was recommended to determine if this worker had a solid fusion or a possible pseudoarthrosis or delayed union. The SPECT imaging with the CT scan improves the accuracy of diagnosing pseudoarthrosis compared to using a CT scan alone. As noted previously, subsequent to the rationale noted above, this worker had 3 cervical fusions on 01/20/2014. There was no rationale for the MRI included in this worker's chart nor was there a Request for Authorization.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for MRI of the cervical spine without contrast is not medically necessary. The California ACOEM Guidelines recommend MRIs of the neck for acute red flag conditions including fracture or neurological deficit associated with acute trauma, tumor, or infection. They are also recommended for subacute and chronic cervical nerve root compression with radiculopathy and to validate a diagnosis of nerve root compromise, based on clear history and physical examination findings in preparation for invasive procedures. MRIs are not recommended for acute regional neck pain. There were no red flags indicated in the submitted documentation and there was no indication that this worker was being prepared for an additional invasive procedure to her neck. The clinical information submitted failed to meet the evidence-based guidelines for cervical MRI. Therefore, the request for MRI of the cervical spine without contrast is not medically necessary.

CT of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for CT of the cervical spine without contrast is not medically necessary. The California ACOEM Guidelines recommend computerized tomography (CT) for acute red flag warnings for fracture or neurological deficit associated with acute trauma, tumor, or infections. CT is also recommended for subacute and chronic cervical nerve root compression with radiculopathy to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedures. Computerized tomography is not recommended for acute regional neck pain. There was no evidence in the submitted documentation of any red flag warnings for trauma, tumor, or infection and there was no indication that this worker was being prepared for an invasive procedure of the neck. The need for computerized tomography was not clearly demonstrated in the submitted documentation. Therefore, the request for CT of the cervical spine without contrast is not medically necessary.