MAXIMUS Federal Services

Case Number:	CM14-0119164		
Date Assigned:	08/06/2014	Date of Injury:	07/10/2007
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 and Rehabilitation 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 53-year-old female who reported an injury on 07/10/2007 due to an unknown mechanism. Diagnoses were discogenic cervical condition with facet inflammation, discogenic lumbar condition with facet inflammation and radicular component, hip joint inflammation and left groin sprain/strain, patellofemoral inflammation of the left knee, element of stress, depression, anxiety, sleep dysfunction, and weight gain. Past treatments were physical therapy, acupuncture, epidural steroid injections, and nerve root blocks. Diagnostic studies were an MRI of the lumbar spine in 2013 and an MRI of the cervical spine done in 2007. That MRI indicated a disc osteophyte complex at C3-7. Surgical history was a lumbar decompression surgery. Physical examination on 06/26/2014 revealed complaints of persistent neck pain also with facet loading. The examination of the cervical spine revealed flexion was to 30 degrees, extension was to 75 degrees, lateral tilting was to 40 degrees bilaterally, and rotation was 80 degrees to the right and to the left. Medications were Norco, Sprix nasal spray, meloxicam, Senna stool softener, and Flexeril. The treatment plan was for a repeat MRI of the cervical spine due to the fact the last 1 was done in 2007. The rationale was the injured worker has persistent neck pain and also pain with facet loading. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) cervical spine: 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 (ODG), Neck and Upper Back (updated 05/30/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficent evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The injured worker did not have any emergence of a red flag upon physical examination. There was no neurologic dysfunction documented. Therefore, the request is for a Magnetic Resonance Imaging (MRI) cervical spine is not medically necessary and appropriate.