

Case Number:	CM14-0135072		
Date Assigned:	08/27/2014	Date of Injury:	02/01/1998
Decision Date:	09/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 02/01/1998 who sustained injuries to her neck and bilateral upper extremities when she slipped and fell on the floor. Treatment history included physical therapy, TENS unit, medications, acupuncture sessions, epidural steroid injections, and Medtronic Dilaudid intrathecal pump. The injured worker was evaluated on 07/15/2014 and it was documented that the injured worker complained of neck and radiating arm pain. She had significant leg symptoms for which she was treated on a nonindustrial basis. She had a significant fall, which caused her to fracture her left leg and has had multiple surgeries due to it. She has not obtained the x-rays. She did bring paperwork exhibiting a denial for MRI and x-ray, which were requested by another doctor's office. The physical examination revealed motor exam continued to show bilateral weakness in the upper extremities in multiple muscle groups of 4+ to 5-/5. She had a positive Hoffmann's sign bilaterally. She had decreased sensation in the bilateral arms. She continued to have limitation in her range of motion of the cervical spine. Diagnostic studies included status post C5-6 fusion, adjacent disc disease, multiple falls, and physical examination evidence of heightened reflexes and positive upper motor neuron physical examination findings, status post C4-5 and C6-7 anterior cervical discectomy and fusion with C5-6 removal of instrumentation in the iliac crest bone graft, and non-displaced right patellar fracture. The Request for Authorization dated 07/18/2014 was for MRI cervical spine with and without contrast and x-rays of the cervical spine, 4 views.

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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS/ ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The injured worker stated she had an MRI of the cervical spine, however it is unclear why there needs to be a repeat MRI. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request for MRI of the cervical spine with and without contrast is not medically necessary.

X-Ray of the cervical spine, 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for cervical spine x-ray 4 views is not medically necessary. The American College of Occupational and Environmental Medicine guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the 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; Clarification of the anatomy prior to an invasive procedure. There is no indication of tissue insult or neurologic dysfunction. Therefore, the request for X-ray of the cervical spine, 4 views is not medically necessary.