

Case Number:	CM14-0153171		
Date Assigned:	09/23/2014	Date of Injury:	01/01/2010
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The patient is a 52-year-old female who has submitted a claim for spinal stenosis in the cervical region associated with an industrial injury date of January 1, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain which radiates to forearms bilaterally. Examination revealed mild-to-moderate cervical tenderness with diminished ROM. Arm strength was fairly good but patient tends to give away with testing. There was diminished sensation in a patchy distribution. Plain films showed no evidence of complications. There was some question of slight loosening of the upper screws but plate appears to be in good position as well as the cages. An MRI dated January 2013 showed evidence of significant two-level disk disease. At C4-5, there was moderate central narrowing. At C5-6, there was severe right and moderate left neural foraminal stenosis. Treatment to date has included medications and a two-level anterior discectomy and fusion (June 23, 2014). An MRI scan of the cervical spine was requested due to the worsening symptoms of arm and neck pain. Utilization review from September 3, 2014 denied the request for A Repeat MRI of The Cervical Spine without Contrast as an Outpatient because the submitted records do not indicate when the date of surgery was or what type of postoperative conservative care has been attempted or failed. There was also no indication on exam if there was any neurologic dysfunction in the specific dermatomal distribution or if there was progressive symptoms. The request for repeat MRI and date of the initial MRI and its results were not attached for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Repeat MRI of The Cervical Spine without Contrast as an Outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of persistent cervical pain and was diagnosed with cervical radiculopathy with confirmation from a prior cervical MRI dated January 2013. Surgery was done on June 2014. The patient fits the criterion of failure to respond to treatment. Therefore, the request for A Repeat MRI of The Cervical Spine without Contrast as an Outpatient is medically necessary.