

Case Number:	CM14-0160185		
Date Assigned:	10/03/2014	Date of Injury:	09/21/2009
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 50 year old male employee with date of injury of 9/21/2009. A review of the medical records indicates that the patient is undergoing treatment for a neck sprain. He had a cervical spine fusion on C5-C6 in 2012. Subjective complaints include neck pain radiating down the arm; numbness and tingling down the arm. Objective findings include MRI performed in Feb 2014 which revealed straightening of the normal cervical lordosis; interval anterior fusion at C5-6 vertebral bodies compared to previous exam; no acute marrow edema or compression deformity; diffuse degenerative type disc desiccation with moderate disc height loss at C4-5 and C6-7; height loss at C4-5 mildly increased since previous exam; visualized portion of cervical spinal cord showed no focal signal abnormality; posterior fossa is unremarkable as visualized; C1-2 articulation is maintained; C2-3 shows no disc protrusion, neural foraminal narrowing, or spinal cord stenosis; facet joints are unremarkable. Interval postoperative anterior fusion at C5-6; no disc protrusion; left uncovertebral joint osteophyte and narrowing of the left neural foramen; spinal canal is patent; facet joints unremarkable. Mild disc height loss at C4-5; 2mm posterior disc osteophyte complex with mild mass effect upon transitioning nerve roots bilaterally; effacement of anterior aspect of the thecal sac with 9mm mild spinal stenosis; small bilateral uncovertebral joint osteophytes, right larger than left, and mild right neural foraminal narrowing; left neural foramen is patent; facet joints unremarkable. Two millimeter posterior disc osteophyte complex at C6-7; mild bilateral facet joint arthropathy; neural foraminal and spinal canal are patent. No therapy treatment or medications were indicated in the medical files. The utilization review dated 9/5/2014 non-certified the request for and MRI without contrast of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Neck and Upper Back, Magnetic resonance imaging (MRI)

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):- 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- Upper back/thoracic spine trauma with neurological deficit". The patient had a previous MRI on 2/26/14. The treating physician does not indicate additional information that would warrant a repeat MRI of the cervical spine at this time. In addition, the treating physician has not provided evidence of injury, re-injury, or red flags to meet the criteria above. As such the request for MRI of the cervical spine, non-contrast is not medically necessary.