

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0174560 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 05/03/2012 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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:

This 57 year-old patient sustained a lifting injury to the low back on 5/3/12 while employed by the [REDACTED]. Request(s) under consideration include MRI of the cervical spine. Conservative care has included medications, physical therapy, lumbar injections, lumbar medial branch blocks at bilateral L4 and S1 (3/6/14) and bilateral L4-S1 facet rhizotomy neurolysis (8/15/14), and modified activities/rest. Report of 9/3/14 from the provider noted the patient with chronic lumbar pain rated at 2/10 made better by medications; had recent bilateral L4-S1 medial branch facet rhizotomy and neurolysis on 8/15/14 with 3 days relief of 70% with return of symptoms. Exam of the cervical spine showed normal unremarkable findings with normal full range in all planes of flex/ext/lateral flexion and rotation; negative tenderness and swelling; negative Spurling's and axial head compression; no tenderness or spasm; without facet tenderness; intact sensation in all dermatomes with symmetrical DTRs 2+ and 5/5 motor testing throughout bilateral upper extremities. Treatment was for MRI of cervical spine as patient reports neck pain radiating to upper extremities (no documented under subjective complaints) as the patient "has not had an MRI for quite some time." The request(s) for MRI of the cervical spine was non-certified on 9/23/14 citing guidelines criteria and lack of medical necessity.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change in clinical findings to support this imaging study as the patient is without documented neurological deficits consistent with any dermatomal pattern or motor strength loss. The cervical spine and upper extremity exam were unremarkable and normal with intact DTRs, sensation, and motor strength with full range and negative provocative testing. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.