

Case Number:	CM14-0181110		
Date Assigned:	11/05/2014	Date of Injury:	01/17/2012
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Interventional Spine 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 45-year-old female with a date of injury of 01/17/2012. The listed diagnoses per [REDACTED] are: Extremity pain; Cervical facet syndrome; Cervical pain; Cervical radiculopathy; Low back pain, chronic; Lumbar radiculitis; Lumbar facet syndrome. According to progress report 09/24/2014, the patient presents with chronic neck pain. Examination of the cervical spine revealed paravertebral muscle tenderness noted over both sides. Spurling's maneuver causes radicular symptoms in the left upper extremities. Brachioradialis reflex is 1/4 on the left side. The treating physician is requesting an MRI of the cervical spine without contrast. Utilization Review denied the request on 10/22/2003. Treatment reports 07/28/2014, 08/27/2014, and 09/24/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without contrast: 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, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, MRI

Decision rationale: This patient presents with chronic neck pain. The request is for an MRI of the cervical spine without contrast. ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The ODG Guidelines, under its neck chapter, recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurological signs or symptoms are present. Review of the medical file indicates the patient underwent a cervical spine MRI on 06/18/2014 which revealed C4-C5 AP diameter of the canal measuring 9 mm, C5-C6 right paracentral broad-based disk bulge, and moderate to severe right neuroforaminal narrowing measuring 10 mm and C6-C7 left paracentral broad-based disk bulge measuring 11 mm. The treating physician in his 09/24/2014 report recommended "repeating MRI before going back to the surgeon." In this case, the patient had a MRI 3 months prior and there are no new concerns that would require an updated imaging. Recommendation is that the request is not medically necessary.