

Case Number:	CM14-0021180		
Date Assigned:	05/07/2014	Date of Injury:	09/15/2010
Decision Date:	07/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 cervical myofascial pain syndrome, cervical C5-C6 bulging disc, cervical radiculitis, cubital tunnel syndrome, and status post right carpal tunnel release associated with an industrial injury date of September 15, 2010. Medical records from 2013-2014 were reviewed. The patient complained of persistent neck pain radiating to the upper extremities. There was associated numbness and tingling sensation. The symptoms were worse on the right than the left. A physical examination showed limited cervical range of motion with noted spasms. Her motor strength was 4/5 on grip strength, shoulder abduction and elbow flexion bilaterally, and decreased sensation along the right upper extremity. MRI of the cervical spine, dated January 2, 2013, showed further progression of spondylosis at the C5-C6 disc space level with mild disc space narrowing and minimal posterior disc bulging, normal disc desiccation from C2-C7, and mild to moderate bilateral neural foraminal narrowing at C4-C5 and C5-C6 secondary to mild uncovertebral joint hypertrophy, worse on the left at C5-C6. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, activity modification, left shoulder surgery, cervical epidural steroid injections, acupuncture, and carpal tunnel release. A utilization review, dated January 30, 2014, denied the request for 1 MRI of the cervical spine without contrast because there was no objective evidence of progression or deterioration of this patient's condition from the time of the last MRI done to warrant a repeat study.

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 Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition referenced by California 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 neck pain. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. There is no clear indication for another cervical spine MRI to be requested. Therefore, the request for MRI OF THE cervical spine without contrast is not medically necessary.