

Case Number:	CM14-0021818		
Date Assigned:	05/09/2014	Date of Injury:	10/10/2003
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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, 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:

This patient is a 63-year-old female with date of injury 10/10/2003. Per treating physician's report 01/13/2014 which is handwritten, listed diagnosis is HNP cervical, patient presents with neck pain, bilateral hands, shoulders, elbow pain, low back pain also. Medications include ibuprofen, Ambien, Prilosec, and Norco. 11/04/2013 report is typewritten and states, "As you know, she has a disk herniation at C5-C6 where we did an epidural steroid injection." Patient has improved, has been doing pretty well overall, and basically requires epidural steroid injection. Medication refilled. The patient has neck pain, arm pain, and bilateral shoulder pain. Assessment is that of disk herniation at C5-C6 status post epidural steroid injection. 09/23/2013 report also states that the patient had an epidural injection recently, has disk herniation at C5-C6, and following epidural steroid injection symptoms dramatically improved, recommendation was for refill of medications. The request for MRI of the C-spine was denied by utilization review letter 01/31/2014. This report references progress report dated 01/13/2014 but my review of 01/13/2014 report does not include authorization request for cervical spine MRI. No request for authorization is provided.

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 WITH 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): 177 and 178.

Decision rationale: This patient presents with chronic neck pain with radiating symptoms in the upper extremities. There is a request for MRI of the cervical spine, but request for authorization sheet and the progress report containing the request is missing for this review. Review of the progress reports notes that the patient has a disk herniation at C5-C6 and has had epidural steroid injection. There is an operative report for epidural steroid injection from 09/11/2013. The subsequent progress reports state that the patient has had dramatic reduction of pain down to the arm and the neck. The patient is continued on medications and conservatively managed. Again, I was not able to find progress report requesting the MRI of the cervical spine. ACOEM Guidelines support MRI of the C-spine if red flags are present or there is evidence of tissue insult or neurologic deficit. ODG Guidelines also recommend MRIs for chronic neck pain with neurologic signs and symptoms. However, in this patient, the patient already had an MRI as the treating physician has talked about disk herniation at C5-C6. The patient is responding to epidural steroid injections and medications without significant change in the patient's neurologic status. There does not appear to be a reason for repeating cervical spine MRI as there is lack of any new injury, progressive deterioration or neurologic findings, or any red flags.