

Case Number:	CM14-0023244		
Date Assigned:	05/14/2014	Date of Injury:	09/05/1989
Decision Date:	10/22/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This patient is a 81 year old female employee with date of injury of 9/5/1989. A review of the medical records indicate that the patient is undergoing treatment for cervicocranial syndrome, degeneration of cervical intervertebral disc, postlaminectomy syndrome cervical region. Subjective complaints include pain in low back, neck, and shoulders; medications have helped (1/28/2014); numbness in fingers (2/5/2014). Neck pain rated 9/10 on 11/7/2013 radiating to shoulder. Objective findings include restricted range of motion (1/28/2014) and reduced range of motion in cervical region (2/5/2014). Patient received two undated cervical fusions (11/7/2013). Cervical spine x-ray dated 6/21/2013 revealed fusion C4-C7; the C4-5 level has an anterior plate; grade 1 spondylolisthesis of C7 on T1 (2/5/2014). Physical exam of cervical back (11/7/2013) revealed patient very sensitive over C7-T1 and midline up to C2; suboccipitals tender; left trapezius is mildly taut and tender, very tender to palpation. MRI exam from 7/5/2014 revealed straightening of the normal cervical lordosis; no fracture; vertebral body heights are preserved; bone marrow signal is unremarkable; no ligamentous sprain or muscular strain; paraspinal muscles are normal; cervical spinal cord is normal; no tonsillar herniation. Treatment has included Ultracet 37.5/325 #150, Voltaren ointment, aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Image Of The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation ODG) 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 and Upper back/thoracic spine trauma with neurological deficit. ODG additionally states, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The patient meets criteria for an MRI of cervical neck, which was performed on 7/2014. The treating physician does not indicate what has changed since the prior MRI to warrant another MRI. While the patient has chronic neck pain and is symptomatic, that alone is not sufficient to warrant a repeat MRI. The treating physician does not outline what guideline specific red flags are newly present. As such, the request for magnetic resonance image of the cervical spine is not medically necessary.