MAXIMUS Federal Services

Case Number:	CM14-0024407		
Date Assigned:	06/11/2014	Date of Injury:	05/07/2013
Decision Date:	07/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 Alabama and New York. 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 59 year old who was injured on 05/07/2013. He sustained an injury when he slipped and jerked his body very hard. The patient has been treated with acupuncture, Naproxen, Vicodin ES, and an epidural steroid injection. The patient underwent laminectomy at L5 in 1981.Diagnostic studies reviewed include an MRI of the cervical spine dated 05/21/2013 revealed disc bulging C5-C6 greater than C6-7 without nerve root impingement or spinal cord compromise. These findings are consistent with two level cervical degenerative disc disease C5-6 and C6-7.An Electromyogram and Nerve Conduction Studies (EMG/NCV) dated 09/20/2013 revealed findings consistent with mild acute right C5-6 radiculopathy and mild right carpal tunnel sensory compromise for carpal tunnel syndrome. On the progress report dated 02/10/2014, he reported his symptoms are unchanged. He states his pain has subsided since the onset of acupuncture but he continues to have tenderness to palpation to the lumbar spine. The remaining notes are illegible. The progress report dated 02/03/2014 states the patient complains of pain with numbness and tingling down the right arm. He has stiffness and muscles spasms and lack of mobility. He is tender along the C7-T3 with palpation. He has a diagnosis of lumbosacral disc degeneration, cervical disc displacement, and lumbosacral disc degeneration. He is treated with Naproxen 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine plain film series with flexion/extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-8, Summary of Recommendation for Evaluation and Managing Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, rays of cervical spine.

Decision rationale: The ODG recommends the use of repeat radiological imaging studies of the cervical spine for evaluation of the progression of pathology. The medical records document that the patient has had previous imaging studies including an MRI of the cervical spine. Further, the documents do not show any new recent re-injury or evidence of progression of the patient's condition. Based on the ODG guidelines and criteria, as well as the clinical documentation stated above, the cervical spine plain film series with flexion/extension are not medically necessary.

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, Summary of Recommendation for Evaluation and Managing Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, MRI.

Decision rationale: The ODG recommends neuroimaging studies for the evaluation of new neurological changes that are found on the physical exam or in the history. The medical records document that there are no new neurological changes from the previous MRI and no indications to suggest that there is a progression of the pathology. Further, the documents show no significant traumatic event other than the reported slip without fall incident. Based on the ODG guidelines and criteria, as well as the clinical documentation stated above, the request for an MRI of the cervical spine without contrast is not medically necessary.