

Case Number:	CM14-0028349		
Date Assigned:	06/16/2014	Date of Injury:	03/12/2010
Decision Date:	08/11/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation 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 injured worker is a 41-year-old male who reported an injury on 03/12/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 03/12/2010 indicated a diagnosis of herniated nucleus pulposus with degenerative disc disease C7-T1, disc protrusion at C3-4, mild disc bulges C4-5 and C5-6, and facet syndrome C7-T1 and possible C6-7 on the left. The injured worker reported recurrence of left sided neck pain with recurrent flare-ups of neck pain, although pain was starting to subside with therapy. He described his pain as aching and numbness moderate and frequent. On physical examination, the injured worker reported headaches and tenderness over the C3-4, C4-5, and C7-T1. The injured worker had palpable paraspinal muscle spasms with pain over the C4-5 and C5-6 levels. The injured worker also had palpation over the C7-T1 facet joints. The injured worker's cervical spine range of motion revealed flexion of 80% of normal, extension of 50% of normal limited secondary to facet pain, and side to side bending 60% of normal bilaterally. The injured worker's motor strength for the left upper extremity was 4/5 in the biceps, triceps, and brachioradialis. The injured worker had decreased sensation in the upper extremities distally. The injured worker's deep tendon reflexes were 1+ to the left biceps, brachioradialis, and triceps and 2+ on the right side. The injured worker had a positive Spurling's test. The injured worker also had tenderness over the left ulnar nerve at the elbow. The injured worker's unofficial MRI of the cervical spine dated 10/27/2010 demonstrated the presence of disc protrusion with annular tearing involving the C3-4 and there was a disc bulge at C4-5 and C5-6. The injured worker's prior treatments included diagnostic imaging, bilateral cervical facet injection to the C7-T1, chiropractic treatments, physical therapy, and medication management. The injured worker's medication regimen included Norco. The provider submitted a request for MRI of the cervical spine. A

request for authorization dated 02/25/2014 was submitted for MRI of the cervical spine; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for magnetic resonance images of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue). A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker had a prior MRI of the cervical spine. The documentation submitted did not indicate the injured worker had findings suggestive of significant pathology or change in symptoms such as tumor, infection, fracture, or neurocompression to warrant a repeat MRI. In addition, the provider did not indicate a rationale for the request. Therefore, the request for a repeat MRI of the cervical spine is not medically necessary.