

Case Number:	CM14-0030621		
Date Assigned:	06/20/2014	Date of Injury:	05/26/2012
Decision Date:	07/28/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 25-year-old female with a 5/26/12 date of injury. At the time (2/7/14) of request for authorization for Magnetic Resonance Image, Cervical Spine, there is documentation of subjective finding of frequent pain in neck described as stabbing and sharp with numbness, tingling weakness and pain radiating into bilateral upper extremities. Objective findings include muscle guarding and spasm of cervical paraspinal musculature, decreased cervical range of motion, increasing pain towards terminal range of motion, tenderness to palpation of paraspinal musculature, Spurling test negative bilaterally, Adson's test negative bilaterally, 5/5 motor strength of bilateral upper extremities, triceps and biceps reflexes brisk with no asymmetry, and normal sensation to pinprick and light touch, and proprioception intact bilaterally. Imaging findings include reported cervical spine MRI (magnetic resonance imaging) (9/27/13) revealed at C2-3 and C6-7 disc spaces show desiccation with normal stature, no evidence of disc protrusion noted, lateral recesses patent bilaterally; at C3-4 disc space shows desiccation with normal stature, no evidence of disc protrusion noted; mild narrowing of left lateral recess; at C4-5 disc space shows desiccation with normal stature and central disc protrusion by approximately 1mm with ventral narrowing of the spinal canal and mild narrowing of left lateral recess; at C5-6 disc space shows desiccation with normal status and central disc protrusion by approximately 2mm with ventral narrowing of the spinal canal, lateral recesses patent bilaterally; report not available for review. The current diagnoses include cervicothoracic spine strain, rule out cervical radiculopathy. The treatment to date includes physical therapy (twelve sessions) and topical cortisone medication. There is no documentation of a diagnosis/condition for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Image (MRI), Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: The MTUS reference to ACOEM guidelines identify documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI (magnetic resonance imaging). The Official Disability Guidelines (ODG) identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of cervicothoracic spine strain, rule out cervical radiculopathy. However, despite documentation of subjective (frequent pain in neck described as stabbing and sharp with numbness, tingling weakness and pain radiating into bilateral upper extremities) and objective (muscle guarding and spasm of cervical paraspinal musculature, decreased cervical range of motion, increasing pain towards terminal range of motion, tenderness to palpation of paraspinal musculature, Spurling test negative bilaterally, Adson's test negative bilaterally, 5/5 motor strength of bilateral upper extremities, triceps and biceps reflexes brisk with no asymmetry, and normal sensation to pinprick and light touch, and proprioception intact bilaterally) findings and given documentation of a previous cervical spine MRI on 9/27/13, there is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Magnetic Resonance Image, Cervical Spine is not medically necessary.