

Case Number:	CM14-0031279		
Date Assigned:	04/09/2014	Date of Injury:	08/14/2010
Decision Date:	11/17/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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, and is licensed to practice in Alabama. 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 50 year old male who sustained a work related injury to his low back on 08/14/2010. The patient underwent lumbar spine surgery on 06/12/2012 and in 2011. Diagnostic studies reviewed include MRI of the cervical spine without contrast dated 01/03/2014 revealed marked straightening of the cervical lordosis suggests muscle spasm and/or cervical strain; disc bulge causes mild effacement and flattening of the cord at C5-C6 and effaces the anterior left cord at C6-C7; multilevel bony degenerative disease is causing multilevel foraminal stenosis, worst on the left at C6-C7. On appeal note dated 01/02/2014 indicates the patient complained of low back pain with radiation to the lower extremities. He reported neck pain with radiation to the left upper extremity and the pain is worsened with activity. On exam, the cervical spine revealed normal flexion; extension is limited by 25%; lateral tilt to the left was limited by 25% and to the right was limited by 10%. He has been recommended for an MRI of the cervical spine. Prior utilization review dated 01/17/2014 states the request for Cervical MRI is not certified as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck, MRI

Decision rationale: The above ODG guidelines for cervical spine MRI states: 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 - Upper back/thoracic spine trauma with neurological deficit In this case, the provided documentation does not meet indications to order MRI as listed above. There are no provided radiographs to demonstrate "normal... spondylosis... old trauma... disc margin destruction. There is no documentation of severe neurologic deficit only "sensory deficit in the C8 distribution." There is no documentation of neck trauma only "He suffered an injury to his low back." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.