

Case Number:	CM14-0033204		
Date Assigned:	06/20/2014	Date of Injury:	09/01/2002
Decision Date:	07/24/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 Texas. 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 an electrodiagnostic report dated 10/15/2012, there is electrophysiological evidence of mild to moderate right C5 sensory radiculopathy. The patient was seen for follow-up examination and medication refill on 2/03/2014. He complains of increased neck pain radiating to the upper extremities. He is having difficulties with day to day activities. Physical examination of the cervical spine documents neck motion causes painful symptoms, there is tenderness with spasm and cervical motion is 15 degrees extension and 45 degrees left/right rotation. Lumbar examination is positive for difficulty walking and changing positions, pain with restricted motion, muscle spasm and antalgic gait. He is prescribed Nucynta ER 100 mg #60 and Norflex 100mg #30. He remains permanent and stationary. The patient is referred for cervical MRI. The patient was seen for follow-up examination and medication refill on 5/5/2014. He reports his neck pain has improved since his last visit. He requests refill of medications. Physical examination of the cervical spine documents crepitation with cervical motion, neck causes painful symptoms, and there is evidence of muscle spasm. Range of motion is 15 degrees extension and 45 degrees left/right rotation. He is prescribed Nucynta ER 100 mg #60 and Norflex 100mg #30. He remains permanent and stationary.

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 Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging (MRI).

Decision rationale: The CA MTUS/ACOEM guidelines state the 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. According to the Official Disability Guidelines, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. 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 is noted to have complaint of cervical pain and physical examination revealed tenderness and pain with motion. He has no recent injury reported. The medical records do not establish progressive neurological deficit, there is no evidence of neurological deficits on examination, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. The medical records do not establish proceeding with the cervical MRI. Therefore, the request is not medically necessary.