

Case Number:	CM14-0035782		
Date Assigned:	06/23/2014	Date of Injury:	01/12/2010
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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 Illinois 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 who is a 46-year old female who reported an injury on 01/12/2010 due to unknown mechanism. It was noted the injured worker underwent a cervical spine surgery with fusion at the C6-C7 level in 2011. The injured worker underwent an MRI of the cervical spine through her own private insurance that revealed unremarkable for any disk herniation or nerve impingement the date of the MRI was not provided. On 01/10/2014 the injured worker underwent an EMG study that revealed a muscle strain and bilateral C5 to T1 myotomes and reduced recruitment pattern involving the right C7 innervated musculature. On 04/29/2014 the injured worker complained of stiffness, soreness and tightness in her neck that was aggravated pain by certain activities. It was also noted the injured worker continues to have numbness in both her hands that was increased by activities. The injured worker states that her neck pain is stable and tolerable but had occasional flare-ups of increased pain. On the cervical spine examination it was noted the injured worker had tenderness to palpation of the cervical base, bilaterally and at the cervical paraspinal musculature. The active range of motion of the cervical spine disclosed injured worker full range of neck motion. It was noted the injured worker experienced some slight neck pain at the extremes of motion. The motor examination was normal in all major muscles of the upper extremities. It was noted that an x-ray was obtained of the cervical spine in the AP and lateral views it was noted it could not be determined if the injured worker had a solid fusion or pseudoarthrosis. It was noted the injured worker will undergo a CT over the MRI with sagittal reconstruction to determine if the injured worker had pseudoarthrosis. The injured worker diagnoses included displacement cervical intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, and other disorders of the cervical region, brachial neuritis or radiculitis and spinal stenosis lumbar region without neurogenic claudication. There was no medication or conservative care submitted for this review.

The treatment plan included for a repeat MRI (Magnetic resonance imaging) of the cervical spine. The authorization for request was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI (Magnetic resonance imaging) of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulation, Title 8. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC, Corpus Christi, Neck and Upper Back.

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

Decision rationale: The authorization for a repeat MRI (Magnetic resonance imaging) of the cervical spine is not medically necessary. The ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. On 01/10/2014 the injured worker underwent an EMG that revealed a muscle strain and bilateral C5 to T1 myotomes and reduced recruitment pattern involving the right C7 innervated musculature. The rationale for the request was to repeat an MRI of the cervical spine does not satisfy the guidelines because of absent documentation such as there was no dated MRI imaging studies or findings submitted for this request. There is not enough objective findings identifying specific nerve compromise to warrant the use of imaging. There not enough of documentation to verify the failure of conservative measures. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request is not medically necessary.