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| Case Number: | CM14-0038067 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 06/26/2008 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 & Rehab, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with a date of injury of 06/26/2008. The listed diagnoses per [REDACTED] dated 02/12/2014 are: 1. S/P anterior cervical discectomy and fusion. 2. Neck pain. 3. Cervical radiculopathy. According to this report, the patient is status post anterior cervical discectomy and fusion. Her chief complaints include increased left-sided neck pain, headaches, upper back pain, midback pain, numbness in the right fingers and face, low back pain, and right foot numbness. She rates her pain 7/10 to 8/10. The objective finding shows there is left-sided neck pain with range of motion. Motor examination is intact in the bilateral upper extremities. Sensation is intact in the bilateral extremities. Deep tendon reflexes are 2+ in the bilateral upper extremities. Hoffmann's is positive bilaterally. The utilization review denied the request on 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine with and without contrast: Upheld

Claims Administrator 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 and upper back.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG) ODG-TWC guidelines also discuss MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>) Not recommended except for indications list below. Patients who are alert, have never lost conscious.

Decision rationale: This patient presents with left-sided neck pain. The treating physician is requesting an MRI of the cervical spine with and without contrast. The ACOEM Guidelines page 177 to 178 discusses the following criteria for ordering imaging studies including: 1. Emergence of a red flag. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in a strengthening program intended to avoid surgery. 4. Clarification of the anatomy prior to invasive procedure. ODG further states that imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or if initially serious conditions are suspected such as tumor, infection and fracture or for clarification of anatomy prior to surgery. The review of records does not show any recent or prior MRI of the cervical spine. However, examination only shows mild tenderness over the scalene muscles with tenderness in the right lateral and anterior cervical spine. There are no neurologic deficits and the patient does not present with any red flags, or any physiologic evidence of tissue insult or neurologic dysfunction. There are no signs or symptoms of nerve injury such as significant arm pain. Recommendation is not medically necessary.