

Case Number:	CM14-0039315		
Date Assigned:	06/27/2014	Date of Injury:	10/23/2007
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal Medicine 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 61-year-old female who has submitted a claim for cervical spine sprain/strain, MFPS, mild to moderate degenerative disc disease C4-C6; history of head trauma left C6 radiculopathy, and lumbar spine sprain/strain, myofascial pain syndrome, degenerative changes L5-S1 associated with an industrial injury date of October 23, 2007. Medical records from 2013-2014 were reviewed. The patient complained of cervical spine pain. The cervical pain radiates into the trapezius muscle with associated headaches 3 times a week. There was also bilateral upper extremity numbness and tingling. She also noted daily spasms of the neck. Physical examination showed tenderness on the cervical paraspinal muscles. There were mild spasms noted. There was limited range of motion of the cervical spine. MRI of the cervical spine, dated August 20, 2012, revealed 2mm central focal disc protrusion at C3-C4 with disc desiccation and degenerative changes of the disc and facets, at C5-C6 there was degeneration of the distant facets and congenitally shortened pedicles with moderate central canal stenosis and mild cord impingement, at C6-C7 a 2-3mm right paracentral disc protrusion with disc desiccation and marginal osteophytes suggesting moderate-to-severe stenosis of the right neuroforaminal foramen and mild-to-moderate central canal narrowing with left neuroforaminal stenosis. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, chiropractic therapy, acupuncture, yoga, and activity modification. Utilization review, dated March 24, 2014, denied the request for MRI of the cervical spine because there was no documentation of significant change in signs and symptoms since last MRI was obtained, no failure to respond to conservative treatments, and no rationale for why repeat studies were needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Neck and Upper Back, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of persistent cervical spine pain. MRI of the cervical spine done on August 20, 2012 revealed disc protrusion at C3-C4 with disc desiccation and degenerative changes, disc degeneration with moderate central canal stenosis and mild cord impingement at C5-C6, and disc protrusion with disc desiccation and marginal osteophytes suggesting stenosis of the right neuroforaminal foramen and central canal narrowing with left neuroforaminal stenosis at C6-C7. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. A progress report dated February 4, 2014 stated that past acupuncture provided several days of relief and chiropractic manipulation has helped as well. There is no clear indication for another cervical spine MRI to be requested. Therefore, the request for MRI of the cervical spine is not medically necessary.