MAXIMUS Federal Services

Case Number:	CM14-0047303		
Date Assigned:	07/02/2014	Date of Injury:	04/07/2001
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 injured worker is a 64-year-old female who reported an injury due to cumulative trauma on 04/07/2001. On 10/15/2013, her diagnoses included post cervical laminectomy syndrome, history of diabetes mellitus type II, and myofascial pain syndrome. Her medications included OxyContin 60 mg, Flexeril 10 mg, and Neurontin 100 mg. A cervical MRI from 01/10/2014 revealed degenerative disc disease of the cervical spine with straightening of normal cervical lordosis. At C3-4, there was facet arthrosis with moderate left neural foraminal narrowing which had gotten worse since the prior exam. At C4-5, there was a bulge and hypertrophy as well as facet arthrosis, slightly worse since the prior exam. Foraminal narrowing was unchanged from the prior exam. At C5-6, again there was a mild bulge and hypertrophy with facet arthrosis with mild canal narrowing. At C6-7, there was a disc osteophyte complex with mild to moderate canal narrowing and moderate to severe right and moderate left neural foraminal narrowing. That MRI was with and without contrast. On 03/21/2014, she was having an exacerbation with acute cervical spasms. She was prescribed a Medrol dose pack and a low dose of Valium, 2 mg. There was no rationale for the requested MRI included in this worker's chart. A request for authorization dated 03/25/2014 was included.

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 with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Neck and Upper Back (Acute & Chronic)Magnetic resonance imaging (MRI).

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

Decision rationale: The request for MRI of the cervical spine with contrast is not medically necessary. ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over the age of 40. Although this worker did have a single acute episode of exacerbation of neck pain, there was no rationale or justification for a second MRI since the one performed in 01/2014 appeared to have been adequate in diagnosing the etiology of her cervical pain. Therefore, the request for MRI of the cervical spine with contrast is not medically necessary.