

Case Number:	CM14-0047572		
Date Assigned:	07/02/2014	Date of Injury:	03/09/2011
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62-year-old male who was injured on 3/9/11 during an automobile accident. He was diagnosed with cervical radiculitis. A cervical magnetic resonance imaging (MRI) was done on 10/23/12, which revealed cervical disc degenerative disease, foraminal narrowing, facet joint degeneration, spinal stenosis at the C4-C7 level. He was treated with oral and topical medications including Gabapentin, Meloxicam, Voltaren, and Xanax for his chronic neck pain. He also used a traction unit, physical therapy, and home exercises to help with his pain. His previous physicians had recommended surgery or steroid injections, but had not yet utilized either of these treatments up to the time of the request. On 1/30/14, the worker was seen by a new orthopedic physician with the complaint of his neck pain radiating down both his arms along with numbness and tingling in his arms and frequent headaches. He was then recommended to continue conservative treatments, including adding on transcutaneous electrical nerve stimulation (TENS) unit, and referred him to another pain specialist to consider getting epidural steroid injections. He was also ordered to get a cervical MRI and cervical computed tomography (CT) scan, without explanation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the cervical spine per request dated 03/06/14 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 03/07/14).

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering magnetic resonance imaging (MRI) of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was no evidence found in the notes provided for review suggesting any of these criteria were applicable, which might warrant further imaging. There is no evidence of planning a surgery or a new change in symptoms; therefore, the MRI scan of the cervical spine is not medically necessary.

Computed Tomography (CT) scan of the cervical spine per request dated 03/06/14 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 03/07/14).

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI (or CT scan) of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was no evidence found in the notes provided for review suggesting any of these criteria were applicable, which might warrant further imaging. There is no evidence of planning a surgery or a new change in symptoms; therefore, the CT scan of the cervical spine is not medically necessary.