

Case Number:	CM14-0047735		
Date Assigned:	07/02/2014	Date of Injury:	02/07/2007
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
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 Occupational 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:

This is a 45-year-old male with a 2/7/07 date of injury, when he injured his back transferring a client from a wheelchair into the shower chair. The patient was seen on 2/26/14 with complaints of the neck and left shoulder pain. The pain was 10/10 and described as dull, achy and stabbing which radiated into the left shoulder and arm. The patient also complained for headaches and parenthesis in the hand and numbness in the arm. The exam of the cervical spine revealed asymmetry of the neck and shoulders with tingling of the head and neck to the left. There was tenderness to palpation in the trapezial area and the cervical range of motion was restricted. The upper extremity reflexes were 1+ and sensation was diminished over the C5-C6 dermatomes. Motor strength was 5/5 in all upper extremity groups bilaterally. The patient was seen on 3/20/14 with complaints of pain in the cervical spine, left elbow, left wrist and lumbosacral spine. Exam findings revealed tenderness and spasm over the paracervical area and trapezius muscles. Range of motion of the cervical spine showed flexion 42 degrees, extension 40 degrees, right rotation 42 degrees, left rotation 46 degrees, right lateral flexion 38 degrees and left lateral flexion 37 degrees. The patient had positive cervical distraction test, cervical compression test and shoulder depression test bilaterally. The diagnosis is multilevel lumbar and cervical spine discopathy, lumbar and cervical radiculitis, anxiety and depression. MRI dated of the cervical spine completed on 11/6/12 showed slightly disrupted cervical lordosis; C3-C4 mild to moderate posterior loss of disk height, 1-2 mm disc bulge and mild spinal stenosis; C4-C5 1 mm disc bulge possibility; C5-C6 mild posterior loss of disc height and 2 mm broad-based centrally protruded disk; C6-C7 1 mm centrally protruded disk. Treatment to date includes medications, 8 acupuncture treatments and physical therapy. An adverse determination was received on 3/25/14 given that the received documentation did not include significant changes in the patient's symptoms and new progressive neurological deficits were absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the cervical spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Neck and Upper Back, Electromyography (EMG); MRI; Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter-MRI).

Decision rationale: The California MTUS does not address this issue. Official Disability Guidelines states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The patient had cervical spine MRI on 11/6/12. There is a lack of documentation indicating the patient's condition from that time. The progress notes dated 2014 did not indicate any new subjective or objective findings in the patient's symptoms. The Official Disability Guidelines do not recommend repeated MRI in absence of new significant change in symptoms. Therefore, the request for repeat MRI of the cervical spine without dye is not medically necessary.