MAXIMUS Federal Services

Case Number:	CM14-0048441		
Date Assigned:	07/02/2014	Date of Injury:	10/08/2008
Decision Date:	08/26/2014	UR Denial Date:	04/03/2014
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 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 59-year-old female with a 10/8/08 date of injury. The mechanism of injury was not noted. According to a 6/6/14 progress note, the patient is waiting for authorization for her cervical spine surgery. She reported that she had completed a discogram with a pain management specialist. She reported that there were multiple levels of concordant pain. Objective findings: left axial tenderness and positive axial head compression test on the left. Diagnostic impression: multiple cervical spondylosis with possible instability and anterior cord compression on the cord, C5-6 disc disease was unchanged, C4-5 disc protrusion impressing on the anterior cord was unchanged, C7 right-sided lateral disc protrusion was less prominent. Treatment to date includes medication management and activity modification. A UR decision dated 4/3/14 denied the requests for repeat cervical MRI and cervical flexion and extension x-ray. Regarding repeat cervical MRI, there was no current objective documentation of radicular pain. There were no documented positive neurologic exam findings consistent with nerve compromise, such as significant deficits in dermatomal sensation, reflexes, or muscle strength. In addition, there is insufficient documentation of acute changes in the patient's condition since the last cervical MRI dated 1/15/14. Regarding cervical flexion and extension x-ray, guidelines only recommend this study for patients who have cervical tenderness, have lost consciousness, have impaired sensorium, or to evaluate the status of fusion. There was not sufficient documentation of objective deficits to warrant authorization of these x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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: California MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. According to the reports reviewed, there were no documented positive neurologic exam findings consistent with nerve compromise, such as significant deficits in dermatomal sensation, reflexes, or muscle strength. However, in a 6/6/14 progress note it is documented that electrodiagnostic studies of the upper extremities revealed mild left C6 radiculopathy. In addition, the patient has had a cervical MRI completed on 10/11/13 and 1/15/14. It is unclear why the physician is requesting another MRI at this point. There is insufficient documentation of acute changes in the patient's condition since her previous 1/15/14 MRI. In addition, it is documented that the patient has had a cervical MRI performed on 4/21/14. It is unclear why the physician is requesting this procedure at this time. Therefore, the request for MRI cervical was not medically necessary.

Cervical extension and flexion X-Ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/ Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ChapterOther Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature (Segmental Lumbar Spine Instability at Flexion-Extension Radiography can be Predicted by Conventional Radiography).

Decision rationale: California MTUS does not address this issue. ODG states that for spinal instability, flexion/extension imaging may be a criterion prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. The patient had a cervical extension and flexion x-ray performed on 4/21/14. Guidelines only recommend this study for patients who have cervical tenderness, have lost consciousness, have impaired sensorium, or to evaluate the status of fusion. It is noted in the progress notes that there is concern in regards to instability and compression of the cervical cord. This patient is noted to possibly be a surgical candidate. The guidelines would support flexion and extension views prior to proceeding with any type of cervical surgical intervention. Therefore, the request for cervical extension and flexion X-Ray was medically necessary.