

Case Number:	CM14-0053285		
Date Assigned:	07/07/2014	Date of Injury:	06/24/2009
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 patient is a 48-year-old male who has submitted a claim for cervical disc displacement, cervical stenosis, and cervical radiculopathy associated with an industrial injury date of 06/24/2009. Medical records from 2013 to 2014 were reviewed. Patient reported improvement in his neck pain symptoms since the surgery performed on 01/18/2013. There was minimal residual neck pain associated with numbness. Physical examination showed well-healed anterior incisions over the neck, no erythema, no drainage, and no dehiscence. Strength of upper extremities was graded 5/5. Sensation was intact. Cervical spine x-ray from 03/14/2014 showed intact hardware. MRI of the cervical spine from 09/09/2013 showed uncinat enlargement with underlying disc bulge at C3-C4 resulting to moderate bilateral neural foraminal stenosis. The spinal canal and the neural foramina were partially obscured at the C5-C6 level. Treatment to date has included anterior cervical discectomy, bilateral foraminotomy at C5-C6, anterior insertion of intervertebral disc replacement, and anterior partial corpectomy on 01/18/2013, physical therapy, and medications. Utilization review from 04/03/2014 denied the request for MRI Neck, Spine, with dye because there was no clear indication for a repeat study since the patient did not present with cervical radiculopathy since the surgery on 01/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Neck, Spine, with dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support 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. In this case, patient underwent anterior cervical discectomy, disc replacement and bilateral foraminotomy at C5-C6 on 01/18/2013. Patient presented with minimal residual neck pain associated with numbness post-operatively. Physical examination of the cervical spine and upper extremities was unremarkable. Cervical spine x-ray from 03/14/2014 showed intact hardware. The most recent progress report cited that a repeat MRI was needed because the previous study was non-diagnostic due to technical difficulties. However, it was unclear why a repeat MRI was needed post-operatively when the patient did not present with worsening of subjective complaints or objective findings. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI Neck, Spine, with dye is not medically necessary and appropriate.