

Case Number:	CM14-0056816		
Date Assigned:	07/09/2014	Date of Injury:	12/17/2012
Decision Date:	11/20/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in Pain 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 patient with a date of injury of December 17, 2012. A utilization review determination dated April 17, 2014 recommends non-certification for an MRI of the cervical spine without contrast. Non-certification was recommended due to a lack of documentation of substantial progression in the patient's neurologic symptoms and findings since the most recent MRI of the cervical spine. A progress report dated March 19, 2014 identifies subjective complaints of pain in the neck, upper and lower back. The note indicates that the patient underwent an MRI of his neck, upper, and lower back. He underwent a series of lumbar epidurals which provided no pain relief and also underwent several months of physical therapy with temporary relief. The note indicates that the last MRI was performed in spring of 2013. Current complaints include continuous aching pain in the neck which travels to his arms and hands with episodes of numbness and tingling in the arms and hands. Physical examination findings revealed spasm and tenderness over the paravertebral musculature, upper trapezius, and inter-scapular area. The patient also has restricted range of motion in the cervical spine. Sensory and motor testing is normal in the upper extremities. Diagnoses include cervical sprain, cervical radiculopathy, lumbar sprain, and lumbar radiculopathy. The treatment plan states that the patient has decreased sensation and pain noted over the right C6 dermatome. Authorization is requested for an MRI of the cervical spine along with neurodiagnostic studies of both upper and lower extremities. The note states that the patient is "complaining of radiculopathy which is a red flag."

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 without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI Official Disability Guidelines: Minnesota

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone a cervical MRI in 2013. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. In the absence of such documentation, the currently requested repeat cervical MRI is not medically necessary.