

Case Number:	CM14-0060654		
Date Assigned:	07/09/2014	Date of Injury:	03/01/1995
Decision Date:	09/09/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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:

According to the records made available for review, this is a 69-year-old male with a 3/1/95 date of injury and status post anterior cervical decompression and fusion C3-4 and C5-6 in 1996 with revision in 2000, and status post anterior cervical decompression and fusion C4-5 and C304 in 2010. At the time (3/12/14) of request for authorization for MRI of Cervical Spine without Gadolinium with a closed 3T machine, there is documentation of subjective (pain and soreness in the right trapezius region, soreness throughout the arms, numbness in the right fourth fingers, frequent spasms in both hands causing finger flexion in all 5 fingers, and declining balance and marginal coordination) and objective (tenderness to palpation over the cervical paraspinal musculature, decreased sensation in the right fourth finger, normal muscle strength and reflexes of the upper extremities, and normal coordination) findings, current diagnoses (neck pain, cervical radiculopathy, increasing signs of cervical myelopathy, multiple prior cervical surgeries, cervical spondylosis, and cervical degenerative disc disease), and treatment to date (cervical spine surgery and medications). In addition, medical report identifies a request for an updated MRI of the cervical spine due to increasing symptoms of myelopathy and coordination/balance issues. Furthermore, medical reports identify previous cervical MRI was performed on 10/4/12. There is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine without Gadolinium with a closed 3T machine: 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; Workers Compensation Online Edition-Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: The MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. The ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a 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 (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of neck pain, cervical radiculopathy, increasing signs of cervical myelopathy, multiple prior cervical surgeries, cervical spondylosis, and cervical degenerative disc disease. In addition, there is documentation of a previous MRI of the cervical spine performed on 10/4/12 with a request for an updated MRI due to increasing symptoms of myelopathy and coordination/balance issues. However, despite documentation of subjective findings (declining balance and marginal coordination), and given documentation of objective findings (normal muscle strength and reflexes of the upper extremities, and normal coordination), there is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for an MRI of Cervical Spine without Gadolinium with a closed 3T machine is not medically necessary.