MAXIMUS Federal Services

Case Number:	CM14-0060943		
Date Assigned:	07/09/2014	Date of Injury:	03/17/2013
Decision Date:	11/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family 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 42-year-old female who reported an industrial injury to her neck on 3/17/2013, 20 months ago, attributed to the performance of her usual and customary job tasks. The request for authorization was not submitted with clinical documentation to support medical necessity. The patient was diagnosed with cervical spine degenerative disc disease and a disc bulge 2-3 mm at C5-C6 with a radiculopathy in the right upper extremity. The patient was noted to complain of neck pain and numbness into her right fingertips especially the fifth finger. The patient rated her pain as 3/10 to the maximum of 7/10. The patient was noted to have completed acupuncture three (3) sessions with some relief. The objective findings on examination included cervical spine with tenderness to palpation to the paraspinal muscles at the proximate C5-C6 level; left trapezius tenderness; diminished range of motion to the cervical spine; muscle strength and range of motion was documented; right shoulder with no tenderness to palpation; diminished range of motion of the right shoulder; negative Hawkins test; negative speeds test; right elbow with no tenderness medial or lateral; range of motion elbow was normal.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-MRI

Decision rationale: The request for a MRI of the cervical spine was not supported with objective findings on examination to support medical necessity. The patient is 20 months s/p DOI and has no documented neurological or radiculopathy deficits on examination. There was no objective evidence to support the medical necessity of the requested cervical spine MRI. The patient was not documented to have been provided complete conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a MRI of the cervical spine as a screening study. There are no documented progressing neurological deficits. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the cervical spine. The medical necessity of the requested MRI of the cervical spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a cervical spine MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Cervical MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the cervical spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the cervical spine/thoracic spine or meet the recommendations of the currently accepted evidence-based guidelines. There is no provided rationale for the MRI of the cervical spine/thoracic spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for a MRI of the cervical spine.