

Case Number:	CM14-0061867		
Date Assigned:	09/10/2014	Date of Injury:	09/01/2002
Decision Date:	10/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/02/2014

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:

The 70 year old male who injured his neck at work on 1 Sep 2002. The injury subsequently required surgery: disc decompression with fusion (C6-7 and C7-T1) and vertebral fusion (C5-6) - dates of surgeries were not available for review. He had been stable until recently when he noted pain on neck motion associated with neck muscle spasms and difficulties in activities of daily living. Exam confirmed the pericervical and trapezius muscle spasms and difficulty moving the neck. Initially he was treated for this changed symptomatology with pain medication, muscle relaxants and trigger point injections using Lidocaine and Depomedrol. However, the pain continued so the primary care provider requested a MRI of the neck (Cervical Spine). No prior radiological reports were available for review but reference was made to it being accomplished at least once in the past but that was over one year prior - the results were not available for review. There is no mention of other tests being used to evaluate this condition. Present medications are Nucynta ER (opioid) and Norflex (muscle relaxant) but there is no description of the effectiveness of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 182. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 172, 177-8, 184-8.

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the neck are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patients symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. For this patient the history falls in this later group of indications, that is, the signs and symptoms are too non-specific. A EMG/NCV test should be performed to identify the more subtle neurologic abnormalities and thus direct further studies or therapies. At this point in the care of this individual a MRI is not medically necessary.