

Case Number:	CM14-0079180		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2012
Decision Date:	09/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 New Jersey. 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 worker is a 44 year old male who was injured on 1/25/2012 involving him falling on his back and head. He was diagnosed with lumbar compression fracture, posttraumatic headache, post-concussion syndrome, lumbago, and cervicgia with cervical radiculopathy. He was treated with lumbar epidural injections, trigger point injections, physical therapy, gabapentin, NSAIDs, opioids, and a cervical collar. MRI was completed of his cervical spine on 4/25/2013 which revealed a diffuse disc bulge at C5-C6 and C6-C7 levels, moderately severe right-sided foraminal stenosis of the C5-C6 level, mild to moderate narrowing of left C5-C6 foramina, and mild narrowing of bilateral C4-C5 foramina. Lumbar spine MRI from 2/14/14 revealed multiple levels of disc disease worst at L5-S1, which exhibited a large disc bulge, and also revealed moderate bilateral foraminal stenosis. On 4/22/2014, the worker saw his orthopedist for a checkup on his lumbar spine pain which radiated to both legs. During that visit, examination revealed tenderness and stiffness of the cervical area, with point tenderness at facet joints of bilateral C3-C7 levels. He then was recommended an updated MRI of his cervical spine "for the possibility of future epidurals." On 4/28/2014, the worker was seen by his neurologist complaining of his right cervical-occipital headache and chronic neck pain. Physical examination revealed normal motor strength, tone, coordination, and sensation of the upper extremities. Deep tendon reflexes were trace to one on bilateral biceps and 1+ on bilateral triceps.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, he had a cervical MRI just over a year prior to the request for another cervical MRI imaging study. However, no objective or subjective evidence found in the notes available for review suggested that there was any worsening or change in his cervical/arm symptoms or exam findings from both the requesting orthopedist's and the neurologist's documented office notes prior to the request. Therefore, the cervical MRI at this time seems not medically necessary and unlikely to aid in any future procedure.