MAXIMUS Federal Services

Case Number:	CM14-0080916		
Date Assigned:	07/18/2014	Date of Injury:	09/12/2007
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year old male with an injury date of 09/12/07. Based on the 04/30/14 progress report provided by [redacted], the patient complains of neck and lower back pain. His neck pain has gotten worse and radiates down both arms with numbness and tingling in his hands. There is tenderness to palpation in the lower cervical region. Sensation to pinprick is diminished in the right C5 and C6 dermatome. The patient is currently not working. His diagnoses include the following:Status post anterior- posterior L5-S1 fusion, neurologically fully intact with a solid fusion per recent CT scanChronic DVT right leg, now with permanent placement of IVC filterWorsening left testicular pain, s/p surgery, no stenosis on CT myelogram, doubt of spinal origin Worsening neck and bilateral arm pain, with moderate to severe stenosis C4-5, C5-6, C6-7X-rays of the lumbar spine in four view dated 03/20/14 show stable posterior pedicle screw and rod at L5-S1 with stable anterior interbody graft and screw fixation into the sacrum. There appears to be a grad 1 retrolisthesis at L4-L5 but it is difficult to assess because of the shadow of his pelvis on x-rays [redacted] is requesting for an MRI of the cervical spine without contrast. [redacted] is the requesting provider, and he provided four treatment reports from 09/06/13, 03/17/14, 04/30/14 and 05/30/14.

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 contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172 and 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: According to the 04/30/14 report by [redacted], the patient presents with lower back pain and neck pain which radiates down both arms with numbness and tingling in his hands. The request is for an MRI of the cervical spine without contrast. ACOEM guidelines states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG guidelines do not support MRI's unless there neurologic signs/symptoms are present. The patient does not have any positive exam findings and does not present with any red flags, neurologic signs/symptoms to warrant an MRI. Subjective worsening symptoms are inadequate reasons for an MRI. Request for MRI is not medically necessary.