

Case Number:	CM14-0081809		
Date Assigned:	07/18/2014	Date of Injury:	09/15/2006
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 46-year-old male with a 9/15/06 date of injury. At the time (3/24/14) of request for authorization for MRI C-Spine, there is documentation of subjective (constant neck pain that radiates to upper back and right arm pain that is intermittent) and objective (limited and painful range of motion of cervical spine, right trapezius very tender to palpation with palpable stiffness, non-tender to palpation left trapezius, limited range of motion right shoulder, moderate to severe tenderness right lateral neck, sensation decreased to pinprick in C6-C8 dermatomes on right, and decreased strength of right triceps, right hand grip, and right shoulder abduction) findings, current diagnoses (mechanical neck pain, right C6 radiculopathy, right shoulder pain, and right carpal tunnel syndrome), and treatment to date (medications (including Tramadol, Zanaflex, and Ambien) and right C6 and C7 selective nerve root blocks). Medical report identifies patient's last cervical spine MRI was over two years ago and recommends a new cervical spine MRI since he is complaining of worsening of his neck and right arm pain. There is no documentation of a diagnosis/condition for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C-Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. 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 mechanical neck pain, right C6 radiculopathy, right shoulder pain, and right carpal tunnel syndrome. In addition, there is documentation of a previous cervical MRI dated over two years ago. However, despite documentation of subjective (constant neck pain that radiates to upper back and right arm pain that is intermittent) and objective (sensation decreased to pinprick in C6-C8 dermatomes on right, and decreased strength of right triceps, right hand grip, and right shoulder abduction) findings, there is no documentation of a diagnosis/condition 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 MRI C-Spine is not medically necessary.