

Case Number:	CM14-0088015		
Date Assigned:	07/23/2014	Date of Injury:	10/23/2012
Decision Date:	10/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/11/2014

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 Pain 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 injured worker is a 40-year-old male with a reported date of injury on 10/23/2012. The injury reportedly occurred when the injured worker was drilling holes in a trailer. His diagnoses were noted to include left sided posterolateral C6-7 disc bulge of protrusion with foraminal narrowing resulting in left C7 radiculitis. His previous treatments were noted to include physical therapy, medications, a collar, a cervical epidural steroid injection, and acupuncture. The progress note dated 01/07/2014 revealed complaints of pain down the injured worker's left arm that had increased. The injured worker complained it hurt more at night with numbness and paresthesias. The physical examination noted tenderness along the cervical paraspinal muscles, upper trapezius, levator scapular, and periscapular regions with some trigger points identified. The cervical range of motion remained at 70% to 75% of normal with a negative Spurling's maneuver. There was some decrease in sensation along the 3rd and 4th digit of the left hand noted. The provider indicated he would order a repeat MRI of the cervical spine to rule out a knee degenerative disc disease or left sided disc protrusions in light of the fact that the injured worker was having increased left arm symptoms and was still interested in surgery. The provider indicated the previous MRI performed 01/23/2013 revealed evidence of C6-7 disc bulge or protrusion causing foraminal narrowing near the C7 nerve root, which was consistent with the symptoms. The MRI performed 05/05/2014 revealed left paracentral disc protrusion at C6-7 with mass effect upon the ventral aspect of the thecal sac, no foraminal encroachment was identified, and there was a large, left sided maxillary mucosal retention cyst. The progress note dated 05/06/2014 revealed complaints of neck, thoracic, and shoulder pain. The physical examination revealed tenderness along the cervical paraspinal muscles, upper trapezius, levator scapular, and periscapular regions. The Spurling's maneuver was negative on the right and equivocal on the left. The reflexes were 1+ to 2+ bilaterally with a negative Hoffman bilaterally.

Sensation was decreased to light touch along the 3rd and 4th digits of the left hand. The Request for Authorization form was not submitted within the medical records. The request was for an MRI of the cervical spine without dye to rule out any degenerative disc disease or left sided disc protrusions in light of the fact that the injured worker was having increased left arm symptoms.

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 without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back

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

Decision rationale: The request for MRI of the Cervical Spine without dye is not medically necessary. The injured worker had a previous MRI of the cervical spine 01/2013. The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause, such as an MRI for neurological deficits. The guidelines recommend an MRI to identify anatomic defects. There is a lack of documentation regarding significant clinical pathological or red flags to warrant a repeat MRI. Therefore, the request is not medically necessary.