MAXIMUS Federal Services

Case Number:	CM14-0097904		
Date Assigned:	07/28/2014	Date of Injury:	03/12/2010
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/26/2014

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 Orthopedic Surgery 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 41 year old male who sustained an industrial injury on 03/12/2010; he felt pain while bus driving. According to the available documentation, a cervical magnetic resonance imaging (MRI) showed disc protrusion at C3-4, C4-5 and C5-6, some spondylitic changes. An electromyography (EMG) was notable for left CTS. According to an initial consultation report dated 6/10/2014, the patient presents with complaint of neck and left upper extremity pain. Pain is intermittent, rated 5/10 and 7/10 at worst. Pain is worse with sitting too long, and relieved with medication. Current medication is ibuprofen. Physical examination documents tenderness to palpation of paraspinal musculature from base of occiput down along levator scapula, predominantly on the left side to the tip of the scapula. Cervical range of motion (ROM) is normal. The Spurling's and Adson's tests are negative. Neurological examination reveals intact C5-C8 sensory, 5/5 motor strength, 2/4 reflexes bilaterally. Impression is chronic neck pain which may be discogenic. Treatment plan includes recommendation for new cervical magnetic resonance imaging (MRI), medications, and continuation of modified duty.

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 contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The 6/10/2014 report documents the patient has an entirely normal neurological examination. The medical records do not establish progressive neurological deficit, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. In addition, a cervical MRI was performed in 2010. The Official Disability Guidelines (ODG) states repeat magnetic resonance imaging (MRI) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation.) Based on the subjective complaint and normal neurological examination, the medical records do not establish there has been a significant change in symptoms and/or findings to suggest significant pathology present. The medical necessity for repeat cervical MRI has not been established.