

Case Number:	CM14-0172872		
Date Assigned:	10/23/2014	Date of Injury:	06/05/2000
Decision Date:	01/05/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation 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:

This 57 year-old patient sustained an injury on 6/5/2000 while employed by [REDACTED]. Request(s) under consideration include MRI for the Cervical Spine. Diagnoses include cervical disc disorder unspecified; lumbar degenerative disc disease s/p L3-5 lumbar fusion (undated). Conservative care has included medications, therapy, and modified activities/rest. The patient had MRI of cervical spine in 2010 that showed multilevel degenerative discs at C4-5, and C5-6. The patient continues to treat for chronic ongoing symptom complaints in the neck and back. Report of 8/25/14 from the provider noted unchanged neck pain with associated numbness of both hands. Exam showed unchanged findings of tenderness of the cervical spine with decreased sensation at C6, C7 dermatomes. Treatment included repeating MRI, medication refills, and physical therapy to the lumbar spine. The request(s) for MRI for the Cervical Spine was non-certified on 9/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index (Acute and Chronic) Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

Decision rationale: Symptoms and clinical findings have remained unchanged for this chronic 2000 injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI for the Cervical Spine is not medically necessary.