

Case Number:	CM14-0184273		
Date Assigned:	11/25/2014	Date of Injury:	06/24/1999
Decision Date:	01/14/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/05/2014

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:

The injured worker is a 48-year-old female who sustained injury to her cervical and lumbar spine while at work on 6/24/1999. On 02/04/2009 the injured worker underwent removal of anterior plating and exploration of spinal fusion at C6-7, anterior cervical discectomies C4-5, C5-6, partial corpectomy C4-6, anterior cervical interbody fusion C4-6, use of interbody cage X1, use of local bone graft, allograft bone and intraoperative use of microscope and surgeon use of C-arm fluoroscopy and anterior cervical plating C4-5 and C5-6. On 9/16/13 the injured worker underwent an MRI of the cervical spine with and without contrast. The results revealed normal foramen magnum with no Chiari malformation; normal paraspinal area; cord was normal caliber, contour and signal intensity and bones revealed metallic susceptibility artifact at the C4-5 and C5-6 discectomy and fusion levels. Currently the injured worker complains of headache, neck pain concentrated in the trapezius area, bilateral arm pain, upper extremity weakness with strength graded as 4/5 and intermittent cramping of fingers and hands. The pain is aggravated with neck movement, lifting, carrying or pulling. Epidural steroid injection offered relief for two weeks (2/3/11 documentation). The documentation of work status was 2/3/11 and the injured worker was permanent and stationary. Electromyography and nerve conduction studies noted on 3/10/11 revealed mild left carpal tunnel syndrome, no radiculopathy and computed tomography revealed solid fusion C4-7. As noted 4/7/14 the injured worker walks with a labored gait using a cane and exhibits general weakness throughout her upper extremities. Her diagnoses include sprain of lumbar and cervical region along with cervical disk degeneration. Six visits of acupuncture were requested on 4/14/14. Medications include Tramadol and Flexeril. As of 9/25/14 condition was unchanged and a request for MRI of the cervical spine with contrast was again requested. On 10/1/14 Utilization Review non-certified an MRI of the cervical spine with

contrast based on limited reports of objective evidence of deficits regarding the progression of weakness, sensory loss or changes in reflex since MRI of one year earlier (9/16/13).

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 with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and on the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 182, recommends MRI imaging to validate the diagnosis of nerve root compromise based on clear history and physical exam findings. The guidelines, therefore, would not support repeat MRI imaging unless there was a specific change in the neurological examination or a specific differential diagnosis, such as a possible pseudoarthrosis or infection. The medical records at this time do not provide such details to clarify a rationale for repeat cervical MRI. This request is not medically necessary.