

Case Number:	CM14-0190169		
Date Assigned:	11/21/2014	Date of Injury:	04/21/2014
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Board Certified Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 is a patient with a date of injury of April 21, 2014. A utilization review determination dated November 3, 2014 recommends denial of an MRI of the cervical spine. Denial was recommended since the patient has undergone an MRI 4 months prior to the current request with no documentation as to why a repeat MRI would be required. A CT scan of the cervical spine performed on April 24, 2014 shows severe central canal stenosis at C5-6 with moderate bilateral neuroforaminal narrowing at C5-6. An MRI performed on July 8, 2014 identifies posterior disc bulge at C3-4, C4-5, C5-6, and C6-7. No spinal canal stenosis or neural foraminal compromise is identified. A progress report dated July 18, 2014 includes subjective complaints of neck pain and right arm weakness, pain, and tingling. Objective examination findings revealed tenderness around the lower paracervical and trapezius muscles with restricted range of motion and positive Spurling's test on the right. The note goes on to review the cervical MRI. Diagnoses include broad head trauma, cervical spine sprain strain, and severe stenosis at C5-6 by CT scan. The treatment plan recommends consultation with a spine surgeon and electrodiagnostic studies of the upper extremities. A consultation dated July 31, 2014 indicates that the patient has previously undergone x-rays, an MRI, and a course of therapy for her injury. Current complaints include headaches, neck pain, and numbness and tingling of the upper extremities. Physical examination reveals restricted range of motion in the cervical spine and decreased sensation in the upper extremities. There is also decreased strength in both upper extremities. Diagnoses include headaches, cervical spine radiculopathy, cervical spine pain, and cervical disc displacement. The treatment plan recommends medications, cervical x-ray, tens unit, physical therapy, shockwave therapy, functional capacity evaluation, MRI of the cervical spine, electrodiagnostic studies of the upper extremities, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.