

Case Number:	CM14-0194094		
Date Assigned:	12/01/2014	Date of Injury:	09/26/1997
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Medicine and is licensed to practice in Florida. 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 59-year-old female who suffered an unknown work related injury on 09/26/1997. Her diagnosis is left cervical radiculopathy due to degenerative cervical spine disease. She was previously treated with medications and cervical ESI on 03/02/11, 02/01/12, 09/21/12, 04/09/13, and 04/14/14. Per the physician notes from 08/29/14, she generally complained of more pain in the shoulder and left arm in addition to her neck. There is a tingling sensation radiating to the wrist. On physical exam, the range of motion (ROM) of the neck is restricted due to pain. Muscular tightness is noted over the left paraspinals over the facet areas in the lower cervical spine. Moderate tenderness is noted over the right paraspinals. Spurling Test to the left is positive. 4/5 grip strength is noted in the left hand. The magnetic resonance imaging (MRI) from 01/31/2012 was reported to show C4-C5 neural foramen encroaching due to uncovertebral arthrosis, at C5-C6 disc protrusion causing minimal imprint on the anterior margin of the cord. At C6-C7 there is disc bulge and minimal left foraminal stenosis. The recommendation is for a Cervical MRI and additional Cervical ESI. The Cervical MRI was denied by the Claims Administrator on 10/28/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition: Magnetic resonance imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic) chapter

Decision rationale: The utilization review physician noted in his denial rational that this patient's symptoms have not changed in the past several years on review of a 10/22/2014 progress note's summary of past visits. This summary documents the patient's subjective complaints dating back to 6/28/2012. On this same progress note the physician notes that the patient has failed conservative treatment and surgical intervention needs to be entertained. Therefore, he orders the magnetic resonance imaging (MRI) to determine possible progression of the patient's known disease. The last MRI performed was in 2011. The physical exam noted on this visit does state that there is a positive Spurling Sign, which indicates cervical radiculopathy. The California MTUS guidelines do not specifically address when to order an MRI of the Cervical Spine. Therefore, the ODG was consulted. These guidelines state under indications for MRI with chronic neck pain (after 3 months with conservative treatment) that MRI is appropriate if a patient has neck pain with radiculopathy that is severe or if there is a progressive neurologic deficit. This patient has severe, persistent chronic neck pain with radiculopathy and she has failed conservative treatment. Surgical intervention is being entertained, and it is appropriate to reassess the spine utilizing MRI technology at this point. She has known disease, and x-rays would not be able to appropriately reevaluate this patient's condition. This request for an MRI of the cervical spine is considered medically necessary.