

Case Number:	CM14-0201270		
Date Assigned:	12/11/2014	Date of Injury:	03/07/2008
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 44-year-old woman with a date of injury of 03/07/2014. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/20/2014 indicated the worker was experiencing a flare of lower back pain and left neck pain involving the left arm that improved after a recent facet radiofrequency ablation procedure. The documented examination described decreased motion in the cervical and lumbar joints, tenderness in the left upper and lower back, mild decreased sensation following the left C6 and C7 spinal nerve paths, a positive Patrick's sign on the left, and positive facet loading testing involving the left lower back. The submitted and reviewed documentation concluded the worker was suffering from cervical facet arthropathy that improved after facet radiofrequency ablation, C6 and C7 radiculopathy involving the left arm, lumbar sprain, and lumbar facet arthropathy. Treatment recommendations included a change in pain medications, a lumbar facet block, repeat cervical and lumbar MRI imaging, and follow up care. A Utilization Review decision was rendered on 11/21/2014 recommending non-certification for cervical MRI imaging without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and if there is evidence of an injury or nerve problem or an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation concluded the worker was suffering from cervical facet arthropathy that improved after a recent facet radiofrequency ablation, C6 and C7 radiculopathy involving the left arm, lumbar sprain, and lumbar facet arthropathy. There was no discussion supporting the need for repeat cervical MRI imaging or description of new or worsening findings or "red flag" issues. In the absence of such evidence, the current request for cervical MRI imaging without contrast is not medically necessary.