

Case Number:	CM14-0205369		
Date Assigned:	12/17/2014	Date of Injury:	04/05/2000
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rheumatology, Allergy & Immunology 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 49 year old female with a date of injury of 4/5/00. She is being treated for injury to her cervical spine, lumbar spine, left shoulder, bilateral elbows with cumulative trauma from 1998 to 2000. Subjective findings during her most recent exam on 4/3/14 include the development of lupus, starting prednisone and being placed on a clinical trial. Objective findings include left shoulder well-healed arthroscopic portals, forward flexion and abduction of 150 with positive Neers, Hawkins and impingement tests. MRI of the left shoulder was reported as confirming a focal tear in the rotator cuff with glenohumeral joint osteophytic spurring. Treatment thus far has consisted of a cervical fusion and left shoulder arthroscopy, physical therapy. The Utilization Review on 11/11/14 found the request for 1 MRI of the cervical spine extension and 1 MRI of the cervical spine flexion to be non-certify due to no new neurological signs/symptoms in a patient with previous spinal fusion with no conservative treatment or plain film imaging prior to requesting the MRI flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine, flexion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.... Indications for imaging -- MRI (magnetic resonance imaging): - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit - Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present - Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present - Chronic neck pain, radiographs show bone or disc margin destruction - Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit". In the most available medical records (4/3/14), the treating physician has failed to provide evidence of red flags to meet the criteria above. Previous UR discusses a visit on 10/22/14 with worsening burning pain but no objective neurological findings and no plain films being ordered, however these records are not available here. As such the request for MRI OF THE CERVICAL SPINE FLEXION, is not medically necessary.

1 MRI of the cervical spine, extension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.... Indications for imaging -- MRI (magnetic resonance imaging): - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit - Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present - Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present -

Chronic neck pain, radiographs show bone or disc margin destruction - Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" - Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit". In the most available medical records (4/3/14), the treating physician has failed to provide evidence of red flags to meet the criteria above. Previous UR discusses a visit on 10/22/14 with worsening burning pain but no objective neurological findings and no plain films being ordered, however these records are not available here. As, such the request for MRI OF THE CERVICAL SPINE EXTENSION, is not medically necessary.