

Case Number:	CM14-0206159		
Date Assigned:	12/18/2014	Date of Injury:	11/13/1998
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 57 year old female with an injury date of 11/13/98. Based on the 09/23/14 progress report provided by treating physician, the patient complains of neck pain rated 2/10 which radiates into the bilateral shoulders and intermittent numbness to the left hand and pain rated 4/10, worse in the morning. Patient notes episodes of dropping items from the left hand but does not note any particular weakness. Patient is status post total hip arthroplasty in July 2014 and lumbar fusion at L2 and L4 levels in April 2012, cervical fusion (level unspecified) in 2000, thyroid surgery in 2001. Physical examination 09/23/14 revealed a well healing anterior skin incision in the cervical spine region (origin undisclosed), no tenderness to palpation of the paracervical muscles and no visible or palpable muscle spasms. Range of motion was decreased, particularly during subaxial flexion and extension. Upper extremity neurologic examination finds reduced motor strength to the left wrist upon flexion and a reduction in intrinsic strength bilaterally. Provider reports mildly positive Neer test, absent reflexes in bilateral biceps, absent reflex in left tricep. Diagnostic X-rays performed 06/29/12 show L2 to L5 lateral interbody fusion, diagnostic X-rays performed 05/04/12 show L2-3 lateral interbody implants, and diagnostic lumbar MRI performed 05/23/11 reveals paracentral disc protrusion and left lateral recess stenosis. Patient medications include Synthroid, Nexium, Valtrex, and Aspirin. Patient is retired. Diagnosis 09/23/14 Stenosis, cervical spine. The utilization review determination being challenged is dated 11/18/14. The rationale is: "The patient does have signs and symptoms of cervical radiculopathy with mild neurological deficits it is unclear if these findings are new versus chronic findings of recent MRI, if performed in the past are not known. "Reports were provided from 09/06/06 to 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI without Contrast Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with neck pain rated 2/10 which radiates into the bilateral shoulders and intermittent numbness to the left hand and pain rated 4/10, worse in the morning. No tenderness to palpation of the paracervical muscles and no visible or palpable muscle spasms. Range of motion was decreased, particularly during subaxial flexion and extension. Neurologic examination finds reduced motor strength to the left wrist upon flexion and a reduction in intrinsic strength bilaterally, mildly positive Neer test, absent reflexes in bilateral biceps, absent reflex in left tricep. The request is for Open MRI without Contrast Cervical Spine. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177 and 178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: "not recommended except for indications list below. Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present and neck pain with radiculopathy if severe or progressive neurologic deficit". Per documents provided there is no record of previous MRI imaging directed at this complaint. Physical examination on 09/23/14 reveals several neurological findings, namely absent bicep/tricep reflexes, pain which radiates from the neck to the bilateral shoulders, and intermittent numbness and weakness to the left hand. As the patient presents with multiple, unequivocal findings of neurological deficit/insult in line with guideline recommendations and the request is medically necessary.