

Case Number:	CM14-0206191		
Date Assigned:	12/18/2014	Date of Injury:	10/06/2003
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
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 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 60 year old female with an injury date of 10/06/13. Based on the 11/05/14 progress report provided by treating physician, the patient complains of neck pain rated 7/10 on average which radiates down bilateral upper extremities accompanied by constant numbness in bilateral upper extremities. Patient reports frequent, severe muscles spasms in bilateral neck area with a sharp, burning, and throbbing quality aggravated by activity, flexion/extension, repetitive head motions and walking. Patient also complains of lower back pain radiating to lower extremities, headaches and insomnia associated with ongoing pain and anxiety. Patient is status post cervical spinal fusion (records do not indicate date). Physical examination 11/05/14 revealed tenderness to palpation to the trapezius muscles bilaterally and bilateral paravertebral muscles in the C4-C7 area. Treater notes bilateral paraspinal muscle spasms and significantly increased pain upon flexion, extension, and rotation. Range of motion was decreased, especially on flexion. Patient's medications include Ambien, Clorazepate, Lidoderm, Percocet, Senokot, Tizanidine, Vitamin D, Gabapentin, Tramadol, Oxycodone, Vitamin B12 injection. Diagnostic imaging studies pertinent to complaint were not provided. Diagnosis 11/05/14, 10/23/14- Chronic pain, other.- Cervical radiculopathy- Status post cervical spinal fusion- Occipital neuralgia- Iatrogenic opioid dependency- DysphagiaThe utilization review determination being challenged is dated 11/06/14. The rationale is "...for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms... the documentation failed to provide a significant change in symptoms or any red flag conditions that would warrant the need of requested imaging..."Treatment reports were provided from 04/23/14 to 11/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine with GAD: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. 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 7/10 on average which radiates down bilateral upper extremities accompanied by constant numbness in bilateral upper extremities. Patient reports frequent, severe muscles spasms in bilateral neck area with a sharp, burning, and throbbing quality aggravated by activity, flexion/extension, repetitive head motions and walking. The request is for MRI of cervical spine with GAD. Patient is status post cervical spinal fusion (records do not indicate date or year). Physical examination 11/05/14 revealed tenderness to palpation to the trapezius muscles bilaterally and bilateral paravertebral muscles in the C4-C7 area. Treating physician notes bilateral paraspinal muscle spasms and significantly increased pain upon flexion, extension, and rotation. Range of motion was decreased, especially on flexion. Patient's medications include Ambien, Clorazepate, Lidoderm, Percocet, Senokot, Tizanidine, Vitamin D, Gabapentin, Tramadol, Oxycodone, Vitamin B12 injection. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 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; Neck pain with radiculopathy if severe or progressive neurologic deficit." Sensory findings from physical examinations from 04/23/14 to 11/05/14 consistently display pain which radiates from the neck accompanied by diminished sensation bilaterally, suggesting ongoing neurological deficit/insult to the cervical spine. No prior MRI imaging to the cervical spine was included with the file nor discussed in physician notes provided. Owing to the consistency of the neurologic symptoms displayed in spite of conservative treatments, accompanied by lack of previous MRI imaging, the request is medically necessary.