

Case Number:	CM14-0211178		
Date Assigned:	12/24/2014	Date of Injury:	02/23/2010
Decision Date:	02/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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, 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 had his worker comp injury on 2/23/10. He was seen by his MD who noted chronic neck pain, chronic mid back pain, lumbar pain, and pain in both legs. Exam demonstrated tenderness and spasm of the left paracervical and trapezius region. Thoracic spine and lumbar spine tenderness was also noted. Motor and sensory function of the upper and lower extremities were all noted to be negative. Also, straight leg raise test was negative. Diagnoses were cervicgia, thoracic spine pain, lumbar pain, and chronic pain syndrome. MRI done on 10/22/10 showed mild disc protrusions at multiple levels. An EMG/NCS study on 2/11/13 was normal. The MD concluded by saying he wanted to follow the recommendation of the AME and update the cervical MRI. The AME's report of 11/3/14 noted that the EMG and provocative tests had all been negative and that the diagnosis was uncertain and another cervical MRI should probably be done. The UR rejected this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical spine MRI without contrast: 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), MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS states that most patients with true neck and upper back problems do well with conservative treatment within the first 3 to 4 weeks of injury and studies are not needed unless "red flag" symptoms exist indicating such pathology as tumor, infection, or progressive neurological dysfunction. After this time period, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program to avoid surgery, or clarification of anatomy in preparation for surgery are all rationales for imaging studies such as MRI. Physiological evidence of neurological pathology may be provided by physical exam, EMG studies, or bone scans. Equivocal findings on physical exam may provide justification for further exams such as EMG, NCV, or sensory evoked potential studies. Consultation with a specialist in the field may be beneficial prior to ordering an MRI. Recent evidence seems to indicate that MRI's may not be able to pick up cervical annular disk tears. Also, MRI's may diagnosis a finding that existed prior to the injury being treated and result in false positives findings and cause diagnostic confusion. The patient already had a fairly benign MRI in 2010 and - EMG/NCS in 2013. Both MD's involved failed to demonstrate provocative tests that would implicate progression of cervical spine disc disease. However, the diagnosis was still in question. The recommendations note that consultation with an appropriate specialist is often beneficial prior to ordering an MRI. In this case where the diagnosis is uncertain it would be appropriate to have a formal consultation with either a spinal surgeon or neurosurgeon in order to determine what other tests or treatments may be beneficial. Therefore, the UR was justified in its denial of the procedure.