

Case Number:	CM14-0044446		
Date Assigned:	07/02/2014	Date of Injury:	11/21/2008
Decision Date:	05/22/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 66-year-old male who sustained a cumulative industrial injury on 11/21/2008. He reported pins and needles feeling in the upper extremities with a feeling of pain and pressure in the base of the skull, and pain in his low back. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration; lumbar disc displacement, lumbar spinal stenosis (L2-3 and L3-4 by MRI), multilevel cervical, thoracic, and lumbar degenerative disc disease; and regional myofascial pain. Treatment to date has included medicines, acupuncture, and physical therapy, which were somewhat helpful, but he remained symptomatic. He had a series of lumbar epidural steroid injections that were not helpful. Currently, the injured worker complains of bilateral neck pain rated a 7/10 and described as a constant aching that varies in intensity and radiates to both upper extremities. He also complains of neck stiffness. He has tingling in the bilateral upper extremities with stiffness of the neck. He feels depressed and anxious and has headaches in the occipital region of the head associated with increased pain. Treatment plans include a recent recommendation for a cervical fusion that is still in review. A laminectomy was authorized, but when switched to a fusion, the request was denied. There now is a request for a MRI of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without contrast: Upheld

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

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 that the 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, that an MRI of the cervical spine is 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; and Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As, such the request for MRI of the cervical spine without contrast is not medically necessary.