

Case Number:	CM15-0001704		
Date Assigned:	01/12/2015	Date of Injury:	09/02/2011
Decision Date:	03/09/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female with an injury date of 09/02/11. Based on the 09/23/14 progress report provided by treating physician, the patient complains of neck pain rated 9/10 that radiates to right hand and fingers with numbness and tingling. Per progress report dated 11/11/14, patient is status post knee surgery, dated unspecified; and has been diagnosed with cervical strain, headaches, shoulder tendinitis and depression. Physical examination to the cervical spine on 09/23/14 revealed tenderness to palpation, guarding and spasm noted in the upper trapezius bilaterally, right greater than left. Range of motion was decreased in all planes. Sensory examination revealed decreased sensation in the right arm, bicep/triceps/fingers. Treater states in progress report dated 09/23/14 that he is requesting "a new MRI of the cervical spine, as the last MRI was performed on December 12, 2011." Patient has been prescribed Elavil and Tramadol per treater report dated 11/11/14. Patient is temporarily totally disabled. MRI of the Cervical Spine, per progress report dated 09/23/14- C3-C4: mild posterior disc space height reduction, 2mm central and right posterior disc protrusion without significant foraminal encroachment or spinal canal stenosis- C4-C5: 2.5 to 3mm left broad based posterior disc protrusion resulting in foraminal encroachment- C5-C6: 4 to 4.5mm broad based posterior disc protrusion with osteophytic ridge formation resulting in moderate bilateral encroachment with anatomical potential for impingement on the exiting C6 nerves bilaterally. Moderate to severe central canal stenosis. Diagnosis 09/23/14- cervical disc protrusion- cervical stenosis- bilateral upper extremity radiculopathy. The utilization review determination being challenged is dated 12/16/14. Treatment reports were provided from 06/10/14 - 11/25/14.

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: Upheld

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 Neck and Upper Back chapter, MRI

Decision rationale: The patient presents with neck pain rated 9/10 that radiates to right hand and fingers with numbness and tingling. The request is for Mri Of The Cervical Spine. Patient's diagnosis on 09/23/14 included cervical disc protrusion, cervical stenosis and bilateral upper extremity radiculopathy. Patient has been prescribed Elavil and Tramadol per treater report dated 11/11/14. Patient is temporarily totally disabled. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ODG-TWC Neck and Upper Back section, under MRI states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater states in progress report dated 09/23/14 that he is requesting "a new MRI of the cervical spine, as the last MRI was performed on December 12, 2011." However, there is no documentation or discussion of significant change in symptoms or findings. There is no discussion of progression of neurologic deficit, no red flags and no new injury, either. The request is not in accordance with guideline criteria for repeat MRI. Therefore, the request is not medically necessary.