

Case Number:	CM15-0003633		
Date Assigned:	01/14/2015	Date of Injury:	04/28/2012
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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:

This 64-year-old male worker sustained injuries to his head, face, neck, jaw, ribs, shoulders and clavicle on 4/28/12. He is diagnosed with a neck sprain/strain with radicular components, traumatic brain injury, left clavicle fracture and facial trauma/contusion. Previous treatments include epidural steroid injections, medication, occupational, speech and physical therapy, neuropsychology and surgery. The treating provider requests an MRI of the cervical spine. The Utilization Review on 12/8/14 non-certified an MRI of the cervical spine, citing the CA MTUS and ACOEM guidelines: Special Studies and Diagnostic Treatment Considerations - Neck and Upper Back Complaints.

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: 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 chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

Decision rationale: The 64 year old patient presents with pain in the lower back, rated at 7-9/10, as per progress report dated 10/15/14. The request is for MRI Of The Cervical Spine. The RFA for this request is dated 10/08/14, and the patient's date of injury is 04/28/12. As per the 10/15/14 progress report, the patient has ongoing pain from C6-7 fusion and thoracic injuries. The patient is status post C6 corpectomy, and C5 to C7 anterior cervical fusion on 01/22/14, as per AME report dated 10/21/14. He also suffers from numbness in right thigh, and bilateral shoulder pain rated at 4-8/10. The patient's diagnoses includes traumatic brain injury with neurocognitive deficits, left upper extremity C6 radiculopathy, bilateral shoulder impingement syndrome, thoracic and lumbar pain without myelopathy, and right thumb numbness. In progress report dated 09/24/14, the patient complains of low back pain rated at 7-9/10. Medications, as per progress report dated 10/15/14, include Trazodone, Percocet, Metoprolol, Norvasc, Hydrochlorothiazide, Lidoderm patch, Protonix, and vitamins. The patient is currently not working, as per progress report dated 09/04/14. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that 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). In this case, the patient is status post C6 Corpectomy, and C5 to C7 anterior cervical fusion on 01/22/14, as per AME report dated 10/21/14. The patient had undergone an MRI of the cervical spine on 07/20/13, which revealed cervical spondylosis, most severe at C5-6 and C6-7, along with bilateral neural foraminal narrowing. The patient continues to have moderate pain in the neck that radiates to bilateral shoulders. In progress report dated 09/04/14, the treater requests for a cervical MRI to evaluate percentage of fusion process and injury. The patient is post-op and guidelines support repeat MRIs to evaluate the impact of the surgical interventions which may contribute to a significant change in symptoms. Hence, the request is medically necessary.