

Case Number:	CM15-0101684		
Date Assigned:	06/04/2015	Date of Injury:	08/05/1999
Decision Date:	08/26/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency 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:

This 62 year old female sustained an industrial injury to the neck on 8/5/99. Previous treatment included magnetic resonance imaging, cervical fusion at C4-6 and medications. Magnetic resonance imaging cervical spine (10/2/14) showed retrolisthesis of C3 and C4, uncovertebral hypertrophy at C2-3 and C4-5 causing neuroforaminal narrowing and degenerative disc disease at C6-7. In a progress note dated 3/16/15, the injured worker reported losing mobility with frequent falls due to dizziness. The injured worker also reported some urinary urgency and incontinence. The injured worker was using a four wheel seated walker for ambulation. In a follow up visit dated 4/20/15, the injured worker complained of neck pain and headaches with radiation to bilateral shoulders. The physician noted that the injured worker was taking a significant amount of pain medications with minimal relief. Physical exam was remarkable for diffuse tenderness to palpation in the mid to upper cervical spine with neck pain upon extension after 20 degrees and 5/5 upper extremity strength. Current diagnoses included failed neck syndrome, facet arthropathy and cervical fusion. The treatment plan included bilateral cervical facet injections and x-rays and magnetic resonance imaging of the cervical spine to assess the fusion site and rule out adjacent level stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI (magnetic resonance imaging) of Cervical Spine without contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck pain and headaches with radiation to bilateral shoulders. The physician noted that the injured worker was taking a significant amount of pain medications with minimal relief. Physical exam was remarkable for diffuse tenderness to palpation in the mid to upper cervical spine with neck pain upon extension after 20 degrees and 5/5 upper extremity strength. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI (magnetic resonance imaging) of Cervical Spine without contrast is not medically necessary.