

Case Number:	CM15-0106529		
Date Assigned:	06/10/2015	Date of Injury:	12/17/2008
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 42 year old male, who sustained an industrial injury on 12/17/08. He reported neck pain. The injured worker was diagnosed as having fibromyositis, displacement of cervical intervertebral disc without myelopathy, posttraumatic headache, degeneration of cervical intervertebral disc, anxiety states and depressive disorder. Treatment to date has included oral medications including narcotics and anti-inflammatories, home exercise program and psychiatric treatment. (MRI) magnetic resonance imaging of cervical spine performed in 2010 revealed no significant degenerative disc disease, disc bulge, central stenosis or neural foraminal stenosis. Currently, the injured worker complains of bilateral neck pain with left upper extremity weakness, stiffness of neck spasms of neck and interference with sleep. He works as a gardener. Physical exam noted muscle spasm over upper trapezius muscles on left side, otherwise normal exam of cervical spine. A request for authorization was submitted for (MRI) magnetic resonance imaging of neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI neck is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. 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 with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured workers working diagnoses are fibromyositis; displacement cervical inter-vertebral disc without myelopathy; posttraumatic headache; degeneration cervical intervertebral disc; anxiety and depressive disorder. The documentation shows the injured worker had an MRI cervical spine in 2010 that showed no significant degenerative disc disease, disc bulge, central stenosis or neural foraminal stenosis. Objectively, there are no neurological or focal numerological findings. The injured worker has ongoing neck pain and stiffness. There are no red flags documented in the medical record. There are no unequivocal objective findings and identify specific nerve compromise. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There are no significant changes in symptoms and/or objective findings in the record. Based on the clinical information the medical records and the peer-reviewed evidence-based guidelines, MRI neck is not medically necessary.