

Case Number:	CM15-0133240		
Date Assigned:	07/21/2015	Date of Injury:	01/14/2013
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46-year-old female, who sustained an industrial injury on 1/14/2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical disc protrusion, cervical disc displacement, brachial neuritis, and cervical disc degeneration. Treatments to date include a medication therapy, physical therapy, therapeutic injections. Currently, she complained of ongoing neck pain with radiation into bilateral upper extremities and associated with numbness and tingling and right arm weakness. On 5/13/15, the physical examination documented tenderness to cervical spine, the Spurling's test was positive and there was decreased range of motion with pain during all motion. The medical records indicated a cervical spine MRI was ordered as pre-cervical fusion surgery. The appeal requests authorization of the cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine 3.0T: 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.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per the medical records, MRI of the cervical spine dated 2/18/14 revealed a 5 to 6 mm combination of disc protrusion and retrolisthesis at C5-6, causing severe anterior compression of the dural on the left; posterior disc bulge of 2 mm at both C3-4 and C4-5, 2 to 3 mm at C6-7, and 3 to 4 mm at T2-3; and mild to moderate bilateral C6-7 neural foraminal narrowing. Per note dated 5/6/15, it was noted: On physical examination today, the patient has now developed pathologic reflexes, including mildly positive Hoffmann test and a positive Spurling test. She has reduced range of motion with spasms and tenderness. Cervical fusion surgery was recommended. In light of progressing symptoms and planned surgery, repeat MRI is medically necessary. I respectfully disagree with the UR physician's assertion that the medical records did not support MRI of the cervical spine.