

Case Number:	CM15-0164964		
Date Assigned:	09/02/2015	Date of Injury:	05/04/1987
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66 year old female sustained an industrial injury to the neck and back on 6-18-08. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included cervical discectomy and fusion (1978), cervical fusion at C4-5 (2001), cervical fusion at C3-4 (4-4-13), acupuncture and medications. In the most recent documentation submitted for review, a pain management reevaluation dated 7-16-15, the injured worker complained of ongoing pain over the cervical spine and lumbar spine with posterior headaches and intermittent radiation of pain to bilateral lower extremities. The injured worker rated her pain 9 out of 10 on the visual analog scale without medications and 3 out of 10 with medications. Physical exam was remarkable for cervical spine with bilateral tenderness to palpation from the base of the occiput into the thoracic region and bilateral trapezius muscles with spasms and decreased range of motion, 5 out of 5 strength to bilateral upper extremities and active and symmetric upper extremity reflexes. Current diagnoses included status post cervical fusion, chronic cervicogenic headaches, status post lumbar laminectomy and fusion, lumbar radiculopathy and multiple sclerosis. The injured worker had received authorization for a second opinion orthopedic spine consultation. The treatment plan included continuing medications (Soma, Norco and Fioricet) and obtaining an orthopedic second opinion.

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 12 Low Back Complaints.

MAXIMUS 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- Magnetic resonance imaging (MRI).

Decision rationale: MRI of the cervical spine is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states 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). The documentation does not indicate evidence of red flag findings or progressive neurological deficits therefore the request for an MRI of the cervical spine is not medically necessary.

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-Computed tomography (CT).

Decision rationale: CT scan of the cervical spine is not medically necessary per the MTUS Guidelines. The MTUS ACOEM Guidelines states that a cervical CT can identify an anatomic defect but that false-positive diagnostic findings can be found in up to 30% of people without symptoms at age 30. The ODG states that for a cervical spine CT patients who alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. The documentation does not reveal evidence of a new trauma, progressive neurologic findings or red flag findings that necessitate a cervical spine CT therefore this request is not medically necessary.