

Case Number:	CM15-0188268		
Date Assigned:	09/30/2015	Date of Injury:	12/08/2000
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 54 year old male patient, who sustained an industrial injury on 12-8-00. He sustained the injury due to lifting a piece of metal. The diagnoses include status post cervical fusion C4-C6 in 8-2003, status post removal of hardware in 12-2004, status post anterior cervical disc fusion at C6-C1 on 6-23-11 and C3-C4 disc bulge with stenosis. Per the PR2 dated 8-31-15, he had complaints of pain in his neck and increased pain radiating to the bilateral upper extremities; low back pain with radiation to the lower extremities. The physical examination revealed tenderness and guarding in the posterior cervical region, decreased cervical range of motion-approximately 50% of normal and decreased sensation bilaterally at C4 distribution; 5/5 strength in the bilateral upper extremities. The physical exam dated 7-9-15 through 8-5-15 revealed cervical extension 15 degrees, rotation left was 45 degrees and rotation right 45 degrees. The current medications include MS Contin, Norco, Nexium and Voltaren gel. He has had cervical spine MRI dated 3/5/2014 which revealed post surgical changes, a left foraminal disc osteophyte complex at C6-7 resulting in abutment of the left cervical nerve root and narrowing of the left neural foramen and a midline disc protrusion at C3-5 resulting in a mild degree of central canal narrowing; EMG/NCS dated 6/13/2014 which revealed mild right carpal tunnel syndrome; lumbar spine MRI on 9/24/2015. He has undergone right carpal tunnel release on 10/30/2014; right shoulder surgery in 3/2010; cervical fusion C4-6 in 8/2003; removal of hardware in 12/2004 and ACDF C6-7 on 6/23/2011. Treatment to date has included a C3-C4 epidural injection on 7-27-15. Other therapy done for this injury was not specified in the records

provided. The treating physician requested a cervical MRI with and without contrast. The Utilization Review dated 9-15-15, non-certified the request for a cervical MRI with and without contrast.

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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: MRI of the cervical spine with and without contrast. Per the ACOEM guidelines "For most patients presenting with true neck or upper back problems, 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." The ACOEM guidelines recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." The records provided did not specify any progression of objective neurological deficits in this patient. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. He has had a cervical spine MRI dated 3/5/2014 which revealed post surgical changes, a left foraminal disc osteophyte complex at C6-7 resulting in abutment of the left cervical nerve root and narrowing of the left neural foramen and a midline disc protrusion at C3-5 resulting in a mild degree of central canal narrowing; later an EMG/NCS dated 6/13/2014 revealed mild right carpal tunnel syndrome. Radiculopathy was not noted in this EMG/ NCS study. A subsequent electrodiagnostic study that showed evidence of cervical radiculopathy was not specified in the records provided. Per ODG neck/ upper back guidelines "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)." Significant changes in signs and symptoms since the previous MRI/diagnostic studies were not specified in the records provided. Evidence of failure of recent conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. A recent cervical spine X-ray report is also not specified in the records provided. The rationale for requesting contrast was not specified in the records provided. The medical necessity of MRI of the cervical spine with and without contrast is not established for this patient. The request is not medically necessary.