

Case Number:	CM15-0192274		
Date Assigned:	10/06/2015	Date of Injury:	11/29/2012
Decision Date:	11/13/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old female, who sustained an industrial injury on 11-29-2012. Medical records indicate the worker is undergoing treatment for cervical 5-6 anterior cervical discectomy and fusion in 2014 and cervicgia. A recent progress report dated 9-4-2015, reported the injured worker complained of shoulder and neck pain with left arm and hand weakness rated 3 out of 10. Physical examination revealed cervical spine tenderness and increased tone on palpation of the left paraspinal cervical muscles and trapezius. Computed tomography scan myelogram from 2-2015 showed incomplete incorporation of cervical 5-6 graft. Treatment to date has included surgery, cervical epidural steroid injection, physical therapy, Naproxen, Norco and Flexeril. The physician is requesting cervical spine magnetic resonance imaging. On 9-28- 2015, the Utilization Review non-certified the request for a cervical spine magnetic resonance imaging.

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 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck and Upper Back last updated 06/25/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in November 2012 when she fell backwards while cleaning a floor and underwent a cervical fusion at C5/6 in 2014. A CT myelogram in February 2015 had shown findings of an incomplete fusion. When seen, she was having left neck and shoulder pain, worse when raising her arm above shoulder level and was having left arm and hand weakness. She had not had imaging of the cervical spine since surgery and was concerned about worsening pain and left upper extremity radicular symptoms. Naprosyn was providing complete pain relief. Physical examination findings included left cervical tenderness with increased muscle tone affecting the cervical paraspinal muscle and left trapezius. There was pain with cervical extension and rotation. A repeat cervical spine MRI is being requested. Continued left upper extremity and neck pain is documented following the claimant's surgery since at least January 2015. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. A repeat cervical spine MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has had testing showing incomplete fusion at the C5/6 level. She also appears to have ongoing rotator cuff impingement syndrome. There are no reported neurological deficits and she has had left upper extremity symptoms that have been ongoing for more than 6 months, already had x-rays of the cervical spine and a cervical spine MRI. There is no new injury or significant change in her condition and no identified red flags that would indicate the need for a repeat scan. The request is not medically necessary.