

Case Number:	CM15-0200656		
Date Assigned:	10/15/2015	Date of Injury:	10/30/2006
Decision Date:	11/25/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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: Georgia

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 43 year old male, who sustained an industrial injury on 10-30-2006. He reported head trauma and injuries to the neck and low back from a motor vehicle accident. Diagnoses include head trauma and immediate cervical and lumbar spinal pain with facet capsular tears of cervical and lumbar spine, occipital and anterior cranial headaches, cervical disc protrusions, chronic pain disorder, and depressive disorder. Treatments to date include activity modification, medication therapy, physical therapy, and cervical medial branch blocks. On 8-5-15, he complained of ongoing neck pain rated 8 out of 10 VAS. The physical examination documented tenderness to the cervical facets bilaterally, a positive Spurling's maneuver, positive foraminal compression and pain with Valsalva, along with decreased sensation to upper extremities along C6 and C8 dermatomes bilaterally. The cervical spine MRI from 2007 was noted to show disc protrusion at C5-6 and C6-7. The provider documented "possible C3-4 central disc protrusion noting on axial images there appears to be a small 3mm central disc protrusion; however, it is not well appreciated on the sagittal image. I feel that an MRI would be reasonable to carefully assess the C3-4 disc." A cervical spine MRI was noted to be obtained on 10-20-2009, revealing "multiple disc spaces with degenerative loss of signal with C2-C7, otherwise within normal limits." The documentation indicated that "the patient has worsened" through the years. The provider documented "The patient was authorized for an MRI however this did not occur." The appeal requested authorization for a cervical spine MRI and x-rays of the cervical spine. The Utilization Review dated 10-9-15, denied this request.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back - Magnetic resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: MRI of the cervical spine is not medically necessary. 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. Criteria for ordering imaging studies are: Emergence of a red flag Physiologic evidence of tissue insult or neurologic dysfunction Failure to progress in a strengthening program intended to avoid surgery Clarification of the anatomy prior to an invasive procedure Table 8-8 Summary of Recommendation for Evaluating and Managing Neck and Upper Back Complaints Clinical Measure: Other imaging procedures Recommended: MRI or CT to evaluate red-flag diagnoses as above (D), MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure (D), If no improvement after 1 month, bone scan if tumor or infection possible (D) Not Recommended: Imaging before 4 to 6 weeks in absence of red flags (C, D) Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, 2015.Chapter: Neck (Acute & Chronic) Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Indications for MRI of the cervical spine include the following: Any suggestion of abnormal neurologic findings below the level of injury. Progressive neurologic deficit. Persistent unremitting pain with or without positive neurologic findings. Previous herniated intervertebral disk within the last two years and radicular pain with positive neurologic findings. Patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with the therapeutic regimen. The guidelines state: MRI or CT to validate diagnosis of nerve root compromise, the documentation does not demonstrate new nerve root compromise; therefore, the requested imaging is not medically necessary.

X-Ray of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back - X-Ray.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: X-ray of the cervical spine is not medically necessary. 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. Criteria for ordering imaging studies are: Emergence of a red flag Physiologic evidence of tissue insult or neurologic dysfunction Failure to progress in a strengthening program intended to avoid surgery Clarification of the anatomy prior to an invasive procedure Table 8-8 Summary of Recommendation for Evaluating and Managing Neck and Upper Back Complaints Clinical Measure: Other imaging procedures Recommended: MRI or CT to evaluate red-flag diagnoses as above (D), MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure (D), If no improvement after 1 month, bone scan if tumor or infection possible (D) Not Recommended: Imaging before 4 to 6 weeks in absence of red flags (C, D) Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, 2015.Chapter: Neck (Acute & Chronic) Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Indications for MRI of the cervical spine include the following: Any suggestion of abnormal neurologic findings below the level of injury. Progressive neurologic deficit. Persistent unremitting pain with or without positive neurologic findings. Previous herniated intervertebral disk within the last two years and radicular pain with positive neurologic findings. Patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with the therapeutic regimen. The medical record documentation does not demonstrate new physical findings; therefore, the requested imaging is not medically necessary.