MAXIMUS Federal Services

Case Number:	CM15-0203587		
Date Assigned:	10/20/2015	Date of Injury:	10/22/1982
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 63 year old female, who sustained an industrial injury on October 22, 1982. The injured worker was diagnosed as having new onset of worsening hearing loss, neck pain with bilateral arm radiculopathy, failed cervical surgery, torticollis, question transient ischemic attack symptoms, and general weakness and fatigue most likely hypothyroidism. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the cervical spine, use of bilateral hearing aids, and above note procedure. In a progress note dated August 06, 2015 the treating physician reports complaints of "severe", aching, pain to the left arm, aching pain from the shoulders to the hands, a decrease in the injured worker's hearing to the bilateral ears, and intermittent dizziness. Examination performed on August 06, 2015 was revealing for decreased range of motion to the cervical spine, tenderness to the trapezius muscles that was noted to be worse on the right, weakness to the bilateral arm muscles, weakness to the lower extremity muscles, decreased reflexes to the upper and lower extremities, and occasional hypersensitivity to the right leg. The progress note from August 06, 2015 noted magnetic resonance imaging of the cervical spine performed in December of 2014 that was revealing for degenerative disc changes at cervical four to five and cervical five to six with the neural foramina to be "totally open" and no canal stenosis. On August 06, 2015 the treating physician requested cervical magnetic resonance imaging without contrast noting that prior magnetic resonance imaging of the cervical spine "does not show any cause for her symptoms, but this is a six to seven month old study and therefore a new magnetic resonance imaging is warranted". On October 01, 2015 the Utilization Review determined the request for cervical magnetic resonance imaging without contrast to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical magnetic resonance imaging (MRI) without contrast: Upheld

Claims Administrator 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), Low Back Chapter.

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) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine without contrast is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are new onset worsening hearing loss; neck pain with bilateral arm radiculopathy; failed cervical spine surgery; torticollis; questionable TIA symptoms; and general weakness and fatigue most likely hypothyroidism. Date of injury is October 22, 1982. Request for authorization is August 14, 2015. According to an August 6, 2015 progress note, the injured worker is status post neck surgery 1988. On October 2014 the injured worker developed right arm pain. An MRI cervical spine was performed December 2014. According to the treating provider, the MRI "did not show much according to her". There was no hard copy of the MRI cervical spine in the medical record for review. The treating provider indicated this was a 6 to 7 month old study and needed a new one. Objectively, neck had limited range of motion with some posterior cervical tenderness. Motor examination was 4/5 - general weakness upper extremities. There were no sensory deficits. It was a peer-to-peer conference between the utilization reviewer and treating provider. The treating provider indicated it was no true effort on the part of the injured worker during the exam. There were no unequivocal

neurologic findings sufficient to warrant imaging (repeat imaging). Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). There were no significant changes in subjective symptoms or objective clinical findings suggestive of significant pathology. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no significant changes in symptoms and were objective findings, an MRI performed October 2014 with no hardcopy results of the medical record and no unequivocal neurologic findings sufficient to warrant imaging, MRI cervical spine without contrast is not medically necessary.