

Case Number:	CM15-0208421		
Date Assigned:	10/27/2015	Date of Injury:	01/23/2006
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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
 Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on 1-23-2006. The injured worker is being treated for degeneration of cervical intervertebral disc. Treatment to date has included surgical intervention, (cervical fusion and disc replacement), diagnostics, acupuncture, physical therapy, epidural steroid injections, TENS, and medications. Per the Secondary Treating Physician's Progress Report dated 8-27-2015, the injured worker presented for chronic neck pain. He reported daily bilateral, left greater than right neck pain. Since the last visit the pain has become a severe pinching sensation and extends to the left scapula. He also reported occipital headaches (greater than 12 episodes of diffuse headaches in the last 30 days). He has left upper extremity discomfort causing numbness, tingling, mild spasm, and decreased grasping. His pain level is rated as 7-8 out of 10. The pain has slightly subsided since the last visit. He is taking multiple medications. Objective findings included asymmetry of the neck and shoulders with tilting of the head and neck to the left. There was tenderness to palpation in the trapezial area with restricted ranges of motion. Upper extremity sensation was diminished to light touch in the C5, C6 and C7 dermatomes. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included continuation of medications, ortho spinal surgeon evaluation and referral for an open magnetic resonance imaging (MRI) of the cervical spine. Authorization was requested on 9-18-2015 for open cervical open MRI without contrast. On 9-25-2015, Utilization Review non-certified the request for open cervical MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open cervical 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), Neck and Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has known chronic neck pain with radiculopathy. Last MRI was reportedly done in 2012 or 2014 but actual report was not provided. There is no justification documented by provider for need for MRI except that last MRI was done years prior which is not an indication for imaging. Documentation fails to meet any criteria for MRI. MRI of cervical spine is not medically necessary.