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| Case Number: | CM15-0209490 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 02/24/2004 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/20/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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 52 year old male with a date of injury on 02-24-2004. The injured worker is undergoing treatment for multilevel cervical disc disease with cervical radiculopathy and spinal stenosis. A physician progress note dated 09-28-2015 documents his medications including Norco and Valium help his symptoms. Neck pain continues to radiate down to the upper extremities and has moved to his right arm. It sends a jolt down his right arm and feels numb and weak. He has not been able to sleep well due to the pain. There is moderate tenderness with spasm, and a positive Spurling's test. A physician progress note dated 10-02-2015 documents the injured worker complains of electric shock on the right side with radiation to the shoulder. An Emergency Department visit and x rays suggest that his plate has displaced. On examination, there is weakness of the right deltoid and decreased sensation in both arms. Cervical range of motion is 50% of normal. X rays done with this visit showed seven cervical vertebrae with C3-4 anterior cervical fusion nonunion, C4-5 disc degeneration with a large anterior osteophyte, C5-C6 fused with retained anterior cervical plate and foraminal stenosis at C3-4. Treatment to date has included status post anterior interbody fusion of the C5-C6 on 08-15-2015, revision of the C5-C6 fusion on 03-27-2006, and anterior body fusion and discectomy of C3-C4 on 04-03-2013. Current medications include Norco and Valium, which the injured worker is paying for out of pocket. The treatment plan includes a new cervical Magnetic Resonance Imaging, a three week follow up and a C3 to 6 posterior cervical fusion and decompression pending authorization. On 10-20-2015 Utilization Review non-certified the request for MRI of the cervical spine 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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Chapter: Neck and Upper back (Acute & Chronic) Magnetic resonance imaging (MRI) indications for imaging.

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

Decision rationale: The requested MRI of the cervical spine without contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker is undergoing treatment for multilevel cervical disc disease with cervical radiculopathy and spinal stenosis. A physician progress note dated 09-28-2015 documents his medications including Norco and Valium help his symptoms. Neck pain continues to radiate down to the upper extremities and has moved to his right arm. It sends a jolt down his right arm and feels numb and weak. He has not been able to sleep well due to the pain. There is moderate tenderness with spasm, and a positive Spurling's test. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the cervical spine without contrast is not medically necessary.