

Case Number:	CM15-0020863		
Date Assigned:	02/10/2015	Date of Injury:	07/09/2003
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 7/09/2003. The diagnoses have included cervical facet arthropathy and cervical radiculopathy. Treatment to date has included knee and spinal surgery, home exercise, medications, aquatic therapy, acupuncture and chiropractic care. EMG (electromyography)/NCV (nerve conduction studies) dated 6/19/2013 revealed chronic S1 radiculopathy. Lumbar magnetic resonance imaging (MRI) dated 10/11/2010 revealed severe degenerative changes of the lumbar spine with greatest disc space narrowing at L4-5, significant disc bulging at multiple levels, borderline spinal stenosis from L2-3 through L4-5, degenerative changes with hypertrophic and sclerotic change, Schmorl's nodes and hemangiomas which were unchanged from previous study. MRI of the cervical spine dated 11/30/2004 showed reversal of cervical lordosis, 2mm diffuse posterior bulging at C4-5, no stenosis and 2mm diffuse bulging at C5-6 with mild bilateral foraminal narrowing, there is no canal stenosis. She underwent L4-S1 spinal fusion on 10/31/2012. Currently, the IW complains of neck pain that radiates down the bilateral upper extremities. The pain is aggravated by activities and walking and is rated as 7/10. Objective findings of the cervical spine included decreased sensation in the right upper extremity, with the affected dermatome C6-7. On 1/20/2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) cervical spine noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/04/2015, the injured worker submitted an application for IMR for review of MRI cervical spine.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 178. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: The patient presents with pain and weakness in her neck, lower back, and upper/ lower extremities. The request is for MRI OF THE CERVICAL SPINE. The patient has had a previous MRI of the cervical spine on 11/30/04, which showed; 1) reversal of cervical lordosis. 2) 2mm diffuse posterior bulging at C4-5. 3) 2mm diffuse bulging at C5-6 with mild bilateral neural foraminal narrowing. Per 08/28/14 progress report, sensory examination shows decreased sensation in the right upper extremity, with affected dermatome C6-7. Per 12/15/14 progress report, the midline of the cervical spine is tender. Cervical flexion is 30 degrees, extension is 20 degrees and rotation is 20 degrees bilaterally. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater does not explain why an updated MRI is being requested other than for the patient's subjective symptoms. There is no documentation of new injury, significant change or deterioration in examination findings. The treater does not explain whether or not the patient's extremity symptoms are new or has progress. There are no red flags either. The request IS NOT medically necessary.