

Case Number:	CM15-0022491		
Date Assigned:	02/12/2015	Date of Injury:	09/27/1998
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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: New York, Tennessee
 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 64 year old female, who sustained a work/ industrial injury involving the neck and back on 9/27/98 while driving a forklift. She has reported symptoms of neck pain, radiation of pain, and lower back pain with tingling and numbness. Prior medical history includes hypertension, arthritis, and fibromyalgia. Surgical history included lumbar laminectomy at L5-S1, three left knee surgeries, and one right knee surgery. The diagnoses have included cervical and lumbar disc displacement. Treatments to date included conservative measures, medication, physical therapy, chiropractic care, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and epidural steroid injections. Diagnostics included an electromyogram (EMG/NCV). A cervical MR I done on 1/11/11 demonstrated degenerative spondylotic changes with broad-based spur disc complex at C5-6 with bilateral uncovertebral joint hypertrophy causing mild central canal stenosis without cord compression with severe right neuroforaminal narrowing with impingement of the right C6 exiting the nerve root. An MR I on 12/17/12 noted multiple levels of central and foraminal stenosis most pronounced at L2-3, L3-4, and L5-S1. Medications included Senokot, Norco, and Valium. Examination findings of the lower back included paraspinal spasm, vertebral spine tenderness, positive straight leg raising bilaterally, decreased sensation of the right thigh and lateral calf, diminished ankle jerk reflex of right, and gait favoring the affected side. A request was made for a Cervical Magnetic Resonance Imaging (MRI) on 1/8/15. On 1/28/15, Utilization Review non-certified a Cervical MRI, noting the California Medical treatment Utilization Schedule (MTUS) and American College of

Occupational and Environmental Medicine (ACOEM) Guidelines, and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, Magnetic resonance imaging (MRI)

Decision rationale: 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, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Per ODG indications for MRI of the cervical spine are: -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"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit In this case there are no red flags and the patient does not have any progressive neurological deficit. There is no indication for repeat MRI of the cervical spine. The request should not be authorized.