

Case Number:	CM15-0024233		
Date Assigned:	02/13/2015	Date of Injury:	02/12/2010
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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:

This 44 year old female sustained an industrial injury on 2/12/10. She subsequently reports ongoing upper back and neck pain. Diagnoses include cervicgia. The injured worker has a history of back surgery. Treatment to date has included chiropractic care. On 1/9/15, Utilization Review non-certified a request for MRI (Magnetic Resonance Imaging) of the cervical spine, quantity: 1. The MRI (Magnetic Resonance Imaging) of the cervical spine, quantity: 1 denial was based on MTUS, ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine, quantity: 1: Upheld

Claims Administrator 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 (ODG), Online Version, Neck and Upper Back (Acute & Chronic), Magnetic Resonance Imaging (MRI).

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 chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI).

Decision rationale: The 44 year old patient presents with constant and worsening pain in the cervical spine, rated at 3-4/10, along with subjective weakness in the arms, as per progress report dated 01/12/15. The request is for MRI OF THE CERVICAL SPINE, QTY 1. There is no RFA for this case, and the patient's date of injury is 02/12/10. The patient is also experiencing some tingling in her feet, as per progress report dated 01/12/15. X-ray of the cervical spine, as per the same progress report, indicates appropriate fusion and mild reduction in disc height at C4-5. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the available progress reports do not document prior MRI of the cervical spine. In progress report dated 12/12/14, the treater states that the patient is status post "previous C5-C6 anterior cervical discectomy and fusion multiple years ago. The patient states that she continues to have pain and popping in the neck." The treater also requests for physical therapy in the same report and states that "If the patient does not have improvement of her symptoms we will have an MRI of the cervical spine." It is, however, not clear if the patient has completed the physical therapy treatment or not. Additionally, there is no indication of neurologic deficit. There are no red flags and the patient is not post-op and does not present with a new injury to warrant a cervical MRI. Based on ODG guidelines, this request IS NOT medically necessary.