

Case Number:	CM15-0026937		
Date Assigned:	02/19/2015	Date of Injury:	10/28/1997
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: Internal 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 70 year old female, who sustained an industrial injury on October 28, 1997. She has reported pain in the neck and right knee. The diagnoses have included reported chronic cervicgia, bilateral upper extremity radicular pain and recurrent myofascial pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the cervical spine, conservative therapies, functional restoration program, pain medications and lifestyle modifications. Currently, the IW complains of neck and right knee pain. The injured worker reported an industrial injury in 1997, resulting in chronic neck and back pain. She was treated conservatively and surgically without resolution of the pain. She required pain medications to remain functional. On January 30, 2015, evaluation revealed continued pain with neck movement and right knee pain. She was noted to have failed spine surgery syndrome. She was noted to not be experiences current neurological symptoms however a follow up magnetic resonance image was requested. On February 4, 2015, Utilization Review non-certified a request for a magnetic resonance image of the neck spine without dye, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of requested magnetic resonance image of the neck spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The request for authorization dated 1/26/15 documented a request for MRI of the cervical spine. The pain management report dated January 21, 2015 documented chronic neck pain. Physical examination demonstrated that cervical range of motion was limited in all planes. There is postural guarding in the neck. No neurologic deficits were documented on physical examination. The need for a cervical spine MRI was not documented. No past imaging study reports were documented. No history of acute neck injury was documented. Per ACOEM, MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. Because the red flags were not evidenced, the request for cervical spine magnetic resonance imaging is not supported. Therefore, the request for cervical spine MRI is not medically necessary.