MAXIMUS Federal Services

Case Number:	CM15-0224648		
Date Assigned:	11/23/2015	Date of Injury:	02/05/2011
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
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 50 year old male, who sustained an industrial injury on 2-5-11. The injured worker was being treated for cervical strain-rule out disc protrusion and right sciatica with weakness of right lower extremity along the L5 distribution. On an undated Doctor's first report of occupational injury or illness the injured worker complains of neck and lumbar pain with radiation down right leg to foot. He is not working. Physical exam performed on 10-6-15 revealed tenderness to palpation of right cervical area with restricted range of motion and trace weakness of wrist dorsiflexion on the right; and tenderness of right paralumbar area with restricted range of motion and weakness of right ankle and great toe extensor. Treatment to date has included physical therapy, oral medications including Cyclobenzaprine and Omeprazole; topical creams and activity modifications. The treatment plan included request for EMG-NCV of bilateral upper and lower extremities and MRI of lumbar and cervical spine. On 10-9-15 request for authorization was submitted for EMG-NCV of bilateral upper and lower extremities and MRI of lumbar and cervical spine. On 10-16-15 request for MRI of cervical spine was non- certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case the injured worker's working diagnoses are cervical sprain strain rule out disc protrusion/herniation; right sciatica with 4/5 weakness right lower extremity in the L5 distribution. Date of injury is February 5, 2011. Request for authorization is October 9, 2015. According to an October 11, 2012 AME, the documentation indicates the injured worker had an MRI of the cervical spine. An MRI cervical spine was performed April 29, 2011 according to an AME dated October 11, 2012. MRI showed degenerative disc disease throughout cervical spine with multilevel neural foraminal narrowing. There was no spinal stenosis. According to an orthopedic progress note dated October 6, 2015, page 1 with subjective symptoms is absent on the record. Objectively, there was right cervical tenderness. Range of motion was decreased. Reflex, motor and sensory examinations were intact and symmetrical. There are no unequivocal objective findings and identify specific nerve compromise on the neurologic examination. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no documentation of a significant change in symptoms and/or objective findings suggestive of significant pathology. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no significant change in symptoms and/or objective findings, and no unequivocal objective neurologic findings that identify specific nerve compromise on the neurologic examination, Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary.