

Case Number:	CM15-0040027		
Date Assigned:	03/10/2015	Date of Injury:	09/18/2008
Decision Date:	04/23/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/03/2015

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 65-year-old male who sustained a work related injury September 8, 2008. While holding a 25-pound box with both hands, he developed pain in the neck, right shoulder, right shoulder blade, left shoulder, upper back, right increased hip pain, right groin pain, and mild left hip pain. Past history included hypertension, right total hip replacement November, 2008, right shoulder surgery April, 2009 and August, 2010, and left total hip replacement March, 2012. He was initially treated with x-rays, medications, ointments and physical therapy. According to a consulting physician's progress report dated January 14, 2015, the injured worker presented for re-evaluation. Diagnoses included cervical stenosis and myelopathy, s/p anterior decompression and fusion from C3-C6; residual postoperative cervical radiculopathy and palsy; and possible cervical pseudoarthrosis with migration of anterior hardware in place. Treatment plan included request for MRI of the neck/spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI neck spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 13th Edition, Neck & Upper Back.

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 section, under MRI.

Decision rationale: This patient has a date of injury of 09/18/08 and presents with chronic neck pain. The patient is status post cervical spine surgery from March of 2014. The current request is for MRI NECK SPINE WITHOUT DYE. Physical examination revealed 3-/5 left deltoid strength, 3+/5 to 4-/5 left biceps strength, 3/5 external rotator strength, 5/5 wrist extensor and flexor and 5/5 strength throughout the right upper extremity. Review of the medical file indicates that the patient has a MRI of the cervical spine on 7/5/14, which revealed bilateral narrowing at the C3-4, C4-5, C5-6 and C6-7 levels. It was noted that evaluation was "somewhat difficult" given the adjacent postsurgical changes and correlation with conventional radiographs may be helpful for further evaluation. A CT scan on 01/05/15 revealed multilevel ACDF from C3-6 with anterior plating. There appears to be solid fusion. There are multilevel foraminal stenosis including severe right C3-4, moderate right C4-5, severe bilateral C5-6 and mild bilateral C6-7 stenosis. The treating physician states that a CT scan was performed through the worker's comp but "notably, this is a partial study." He states that the study is poor "making it difficult to ascertain whether or not there has been a solid cervical arthrodesis at the C5-6 level" and states that there was no MRI for review. 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-TWC Neck and Upper Back section, under MRI states "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, this patient has had a CT scan and MRI following his surgery. There is no reported significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with MTUS/ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. The request for Repeat cervical MRI IS NOT medically necessary.