

Case Number:	CM15-0049462		
Date Assigned:	03/23/2015	Date of Injury:	09/03/2008
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 55-year-old male who sustained an industrial injury on 09/03/2008. Current diagnoses include cervicgia and cervical radiculopathy. Previous treatments included medication management and prior surgery. Previous diagnostic studies included MRI of the cervical spine in 2013. Report dated 01/23/2015 noted that the injured worker presented with complaints that included left sided neck pain radiating down his left upper extremity causing numbness and tingling. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included further posterior neck operation to decompress the spinal nerves coming out of the left-handed side, and request for a new cervical MRI. The physician noted that the request for the cervical MRI is for planning purposes and to figure out exactly where the nerve roots are being shut down, noting that the last cervical MRI was about eighteen months ago. Disputed treatment includes MRI of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast: 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 (acute and chronic) chapter, magnetic resonance imaging.

Decision rationale: The patient was injured on 09/03/08 and presents with left sided neck, pain radiating down his left upper extremity causing numbness and tingling. The request is for a MRI of the cervical spine without contrast. There is no RFA provided and the patient is to remain off work till 02/20/15. The utilization review denial letter states that the patient had a prior MRI of the cervical spine 18 months ago. Regarding MRI, uncomplicated neck pain, chronic neck pain, ACOEM chapter 8 page 177 to 178 states: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, neck and upper back (acute and chronic) chapter, magnetic resonance imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. 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, and recurrent disc herniation). The reason for the request is not provided. The utilization review denial letter references to a cervical spine MRI the patient had 18 months ago. However, the results of this MRI are not provided. The patient is diagnosed with cervicalgia and cervical radiculopathy. There are no other positive exam findings documented. There is no reported significant change in symptoms or findings that would warrant a repeat MRI. Without a clear rationale as to why a repeat MRI of the cervical spine is needed and without evidence of increasing symptoms or re-injury, the MRI does not appear to be medically reasonable. Therefore, the requested MRI of the cervical spine is not medically necessary.