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| Case Number: | CM15-0050864 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 05/19/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/23/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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 56-year-old male, who sustained an industrial injury on May 19, 2014. He has reported headache, neck pain, and mid and lower back pain. Diagnoses have included Chronic lower back pain, lumbar spine degenerative disc disease, possible lumbar spine radiculitis, thoracic pain, neck pain, cervical spine degenerative disc disease, cervical facet pain, cervical foraminal stenosis, and myalgia. Treatment to date has included medications, cervical facet injections, and imaging studies. A progress note dated February 12, 2015 indicates a chief complaint of migraines, neck pain; mid and lower back pain, and tingling of the upper and lower extremities. The treating physician documented a plan of care that included massage therapy, cervical spine magnetic resonance imaging, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. 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 and 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 with 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 chronic low back pain; lumbar degenerative disc disease; possible lumbar discogenic pain; possible lumbar radiculitis; thoracic pain; cervical pain; cervical degenerative disc disease; cervical facet pain; cervical foraminal stenosis; and myalgia. The injured worker has subjective complaints of migraines, neck, mid and low back pain with associated tingling in the upper and lower extremities. Symptoms are worse with walking, bending and lifting. Symptoms are improved with medications, sitting, heat and ice. The VAS pain scale is 8-9/10 without medication and 5-6/10 with medication. The neurologic evaluation is unremarkable. The criteria for ordering an MRI of the cervical spine include an emergence of a red flag and physiologic evidence of tissue insult with nerve impairment. There is no neurologic abnormality noted on physical examination. There are no red flags or the emergence of red flags documented in medical record. Consequently, absent clinical documentation with unequivocal neurologic findings and no red flags, MRI cervical spine is not medically necessary.