

Case Number:	CM15-0058883		
Date Assigned:	04/03/2015	Date of Injury:	07/15/2010
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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 female, who sustained an industrial injury on July 15, 2010. Initial complaints and diagnoses are not available. The injured worker was diagnosed as having neck pain/cervicalgia, cervical spinal stenosis, cervical spondylosis, and cervical degenerative disc disease. She was status post cervical spine fusion over 1 year prior. Treatment to date has included an MRI of the cervical spine in 2012, a home exercise program, topical herb ointment, and medications including pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. On February 3, 2015, the injured worker complains of increased neck and right arm pain. Associated symptoms include pain radiates down the right arm, decreased neck movement, and temperature changes in her right thumb with sharp arm pain, shoulder, and right eye; anterior neck pain near the clavicle, neck pain caused by extension of the neck, and arm pain caused by rotation of the neck. Her medications, heat, and modification of neck movement help her pain. The physical exam revealed normal reflexes in the upper extremities, a positive right Spurling's sign, and normal cervical range of motion with pain at the end-ranges in all planes, except for left rotation. The treatment plan includes an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine with 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 07/15/2010 and presents with neck pain, arm pain, and leg weakness. The request is for an MRI of the Cervical Spine with Contrast. There is no RFA provided and the patient's work status is not known. The patient did have an MRI of the cervical spine on 07/19/2012, which indicated that there were "essentially stable changes most notable at C4-C5 and C5-C6." Regarding MRI, uncomplicated neck and back, chronic neck pain, ACOEM chapter 8 page 177-178 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 that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging 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 of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The reason for the request is not provided. The patient has radiation of pain daily down her right arm and decreased movement in her neck. She feels temperature changes in her right thumb with sharp pain in her arm, shoulder, and right eye. Extension causes neck pain and rotation causes arm pain. She also has pain on right anterior neck near her clavicle. The patient has a positive Spurling's on the right, and a limited left rotation motion of the cervical spine. The patient is diagnosed with neck pain, right shoulder pain, lumbar spinal stenosis moderate to severe at L4-L5, lumbar radiculopathy, chronic pain syndrome, cervical spondylosis, and cervical degenerative disk disease. In this case, the patient had a prior MRI of the cervical spine in 2012. There is no evidence of any progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. In this case, the patient does not present with any red flags such as myelopathy or bowel/bladder symptoms. Therefore, the requested MRI of the cervical spine is not medically necessary.