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| Case Number: | CM15-0058951 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 03/31/2005 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/04/2015 |
| 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 60-year-old male, who sustained an industrial injury on 3/31/2005. He reported a motor vehicle accident being hit from behind. Diagnoses include sprain/strain of the neck, neck pain and spondylosis without myelopathy. Treatments to date include medication therapy, physical therapy and cervical spine injections with good improvement documented. Currently, he complained of cervical and lumbar pain. On 2/25/15, the physical examination documented 40% cervical spine motion. The plan of care included MRI of cervical spine for possible cervical spine injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI with and without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 & Chronic) chapter, 'Magnetic resonance imaging (MRI)'.

Decision rationale: The 60-year-old patient complains of chronic pain and stiffness in lumbar and cervical spine, as per progress report dated 02/25/15. The request is for CERVICAL SPINE MRI WITH AND WITHOUT CONTRAST. The RFA for the case is dated 01/19/15, and the patient's date of injury is 03/31/05. Diagnoses, as per progress report dated 02/25/15, included neck pain, displacement of disc, and spondylosis. Medications included Norco and Ibuprofen. The progress reports do not document the patient's work history. 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 Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state, "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, there is no indication of prior cervical MRI. The patient suffers from chronic neck pain along with 40% range of motion, as per progress report dated 02/25/15. Although the treating physician is requesting for a cervical MRI, there is no documentation of neurological deficit in the cervical spine for which MRIs are indicated. Hence, the request IS NOT medically necessary.