MAXIMUS Federal Services

Case Number:	CM15-0084496		
Date Assigned:	05/06/2015	Date of Injury:	07/01/2010
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/02/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 7/01/2010. Diagnoses include orthopedic after care status post lumbar decompressive lumbar laminectomy and disc excision with posterior interbody fusion, lumbar focal disc herniation at L5-S1 status post decompressive laminectomy and disc excision, disc herniation L3-4 with associated mechanical back pain, bilateral trapezial trigger points, bilateral elbow ulnar neuropathy status post anterior ulnar nerve transpositions bilaterally, bilateral carpal tunnel syndrome status post bilateral releases, cervical degenerative disc disease at C5-6, left greater than right L5-S1 radiculopathy, and multilevel lumbar degenerative disc disease with almost an auto fuse at L5-S1. Treatment to date has included diagnostics, surgical intervention, medications, bracing and physical therapy. Per the Orthopedic Supplemental Report dated 4/02/2015, the injured worker reported backache and left leg pain have markedly improved three months status-post surgical intervention. He has tapered off his brace and pain medication has been diminished. He reported persistent neck pain with limited range of motion. Physical examination revealed well-healed incisions over the area of the low back. Forward flexion was 10 degrees and extension as about 5 degrees. Right and left lateral bending are 5 degrees. The plan of care included medications, physical therapy and diagnostic imaging and authorization was requested for magnetic resonance imaging (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: 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.

Decision rationale: The request is for an MRI of the cervical spine in a patient with chronic neck pain and decreased range of motion. MTUS ACOEM guidelines state that for most patients with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The ACOEM guidelines lists criteria for ordering imaging studies and includes the following: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the records submitted note only chronic neck pain, decreased ROM and degenerative disease on plain films of the c-spine. There are no examination findings indicating neurologic dysfunction, no red flags, and no anticipation of surgery. Therefore based on the lack of criteria for imaging studies the MRI of the c-spine is deemed not medically necessary.