

Case Number:	CM13-0035141		
Date Assigned:	12/13/2013	Date of Injury:	04/11/2012
Decision Date:	02/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who reported an injury on 04/11/2012. The mechanism of injury was stated to be a lifting injury. The patient was noted to undergo an MRI of the cervical spine on 04/09/2013 and an MRI of the thoracic spine on 04/09/2013. The patient indicated they had neck pain of a 7/10. The diagnoses were noted to include cervicothoracic spine strain with possible cervical radiculopathy and herniated discs. The request was made for a CT scan of the cervical spine, an MRI of the cervical spine, and x-rays of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for computed tomography (CT) scan of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines recommend a CT if the patient has physiologic evidence indicates tissue insult or nerve impairment. A CT is recommended to view the bony structures. The clinical documentation submitted for review failed to provide the patient had

evidence of tissue insult or nerve impairment was the patient's physical examination and failed to indicate the rationale for the requested service. Given the above, the request for a CT scan of the cervical spine is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI.

Decision rationale: Official Disability Guidelines recommend an MRI when there are findings suggestive of a significant pathology or when the patient has a significant change in the symptoms. The clinical examination failed to include myotomal and/or dermatomal findings to support the necessity for the study as the patient was noted to have a prior MRI on 04/09/2013 which per the office noted indicated the patient had 3-4 mm disc protrusion at C4-C5 with left paracentral cord compressions; a 4.5 mm disc protrusion at C5-C6; 6 mm disc protrusion and very large facet joint osteophyte formation (1.2 cm) directed anteriorly with left paracentral cord compression; a very severe left spinal and neural foraminal stenosis and that the cord was deviated to the right and misplaced as well as there was mild right neural foraminal stenosis. The clinical documentation submitted for review failed to indicate the patient had a significant change in symptoms and failed to indicate the patient had findings suggestive of a significant pathology. Given the above, the request for MRI of the cervical spine is not medically necessary.

X-rays of the cervical spine (anteroposterior, lateral, flexion, extension): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Table 8-8, pg 182 and ODG-TWC Neck and Upper Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicate that for patients presenting with true neck and upper back problems and for the emergence of a red flag of physiologic evidence of tissue insult or neurologic dysfunction studies would be warranted. The clinical documentation submitted for review indicated the patient had prior examinations and prior studies. The objective examination failed to include myotomal or dermatomal findings. It failed to provide the rationale for a new study. Given the above, the request for x-rays of the cervical spine (anteroposterior, lateral, flexion, extension) is not medically necessary.