

Case Number:	CM13-0038484		
Date Assigned:	12/18/2013	Date of Injury:	04/28/2002
Decision Date:	06/16/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/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 claimant is a 54-year-old male presenting with chronic pain following a work-related injury on April 28, 2002. On September 19, 2013, the claimant presented with complaints of neck pain. The physical exam revealed tenderness to palpation of bilateral C4-C5 and C5-C6 and range of motion improved with forward bending and worse with extension and lateral twisting. An MRI of the cervical spine on July 8, 2005 was significant for mild loss of cervical lordosis and slight posterior lippling/retrolisthesis at the C3-C7 levels, apparently occurring on the basis of degenerative disc disease. At C3-4 there is a mild posterior annular disc bulging/diffuse endplate spurring with a tiny superimposed central disc protrusion that is borderline suspicious for a tiny contained herniation, lateralization of disc bulging/endplate spurring contributes to mild bilateral foraminal narrowing. At C4-5 there is mild to moderate posterior annular disc bulging/diffuse endplate spurring that is most prominent along the lateral aspects of the disc protruding to moderate bilateral foraminal narrowing. At C5-6 there is moderate posterior annular disc bulging, diffuse endplate spurring with broad-based central prominence of the disc bulging that is suggestive of a broad-based central contained herniation measuring up to 4 mm in anterior-posterior thickness with slight caudal extension of disc material with mild central stenosis with narrowing of the central canal to approximate a 9 mm in midline diameter and mild left lateral recess encroachment and moderate to marked bilateral foraminal narrowing, at C6-7 there is mild to moderate posterior annular disc bulging/diffuse endplate spurring that is most prominent along the right lateral and to a lesser degree the left lateral aspect of the disc contributing to moderate to marked right-sided and moderate left sided foraminal narrowing as well as mild central stenosis with narrowing of the central canal to approximately 9.5 mm in midline sagittal diameter, mild posterior annular disc bulging/diffuse endplate spurring at C7-T1 and minimal central disc bulging at C2-3 with no significant stenosis at those levels. The claimant was treated with physical therapy as well as radiofrequency denervation of the cervical joints on February 26, 2013. The claimant reports 70% improvement in his pain following cervical facet

radiofrequency. The claimant was diagnosed with myofascial pain syndrome, cervical degenerative disc disease and cervical spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The Official Disability Guidelines indicate that 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 would consider surgery an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remained unchanged for numerous office visit and additionally there were no physical signs to warrant a cervical MRI including objective radicular signs as well as, diminished reflexes motor and/or sensory impairment; therefore the requested service is not medically necessary.