

Case Number:	CM14-0110599		
Date Assigned:	08/01/2014	Date of Injury:	02/01/2001
Decision Date:	10/20/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 45 year old female employee with date of injury of 2/1/2001. A review of the medical records indicate that the patient is undergoing treatment for cervical disc injuries with mild spondylosis C5-6 and C6-7, carpal tunnel syndrome. Subjective complaints include numbness and tingling down arms, pain across neck and trapezius area. Objective findings include numbness and tingling down her arms in the C6 distribution. Imaging includes a MRI in 2010 that revealed 2-3mm central/left paracentral disc protrusion just impinging upon the anterior aspect of the cord at C5-6 with left lateral uncovertebral hypertrophic changes narrowing the left neural foramen. On 10/11/13, the patient was noted to have positive orthopedic testing in the cervical spine with loss of range of motion bilaterally. An X-ray from May 2014 revealed straightening of normal cervical lordosis; normal discs down to C5. The patient has C5-6 minimally narrow with no posterior spurring. C6-7 is narrow with anterior spurs and smaller posterior spur; decreased extension on flexion and extension. Treatment has included chiropractic sessions, three cervical epidurals. The utilization review dated 6/11/2014 non-certified the request for MRI of the cervical spine because medical files do not support the presence of significant pathology or suggest severe neurologic deficits in that region.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: 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". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.... Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit". The treating physician has not provided evidence of red flags, a significant change in symptoms, or evidence of a new injury to meet the criteria above. As, such the request for MRI of the cervical spine, is not medically necessary.