

Case Number:	CM14-0115879		
Date Assigned:	09/19/2014	Date of Injury:	06/16/2004
Decision Date:	10/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 53 year old female who sustained a neck injury from lifting the handle bars on a spinning stationary bicycle on 06/16/2004. She felt a pop and experienced neck and left shoulder pain. There was a prior history of motor vehicle accidents with neck injuries in 1999. An magnetic resonance imaging (MRI) scan of the cervical spine performed on 05/23/2005 revealed degenerative disc disease at all levels from C2-3 to C6-7 with 2 mm protrusions at every level except C3-4 where a 3mm protrusion was present. A subsequent MRI of October 22, 2010 revealed cord compression which was severe at C3-4 and mild at C4-5. In November 2010 examination revealed upper motor neuron findings of myelopathy with hyperreflexia in the left upper and lower extremities associated with weakness. On 12/27/2010 surgery was performed consisting of laminoplasty at C4-5, arthrodesis at C3-4 and C4-5 with allograft, hemilaminectomy inferiorly at C6 and hemilaminectomy inferiorly at C2. An EMG on 2/13/2012 revealed residual radiculopathy at C6-7 on the left, plus left median neuropathy, plus left ulnar neuropathy and possible polyneuropathy. On 10/24/2013 the postoperative xrays revealed a solid fusion with the presence of metal plates and a wide laminectomy. The records do not document any progression of neurologic deficit. The disputed issue pertains to a follow-up MRI scan of the cervical spine that was recommended in April 2014, and requested in June 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without contrast: 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 (ODG), Neck and Upper Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Neck and Upper Back; Magnetic Resonance Imaging.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address repeat MRI scans, if the Physiologic evidence suggests tissue insult or nerve impairment an MRI may be considered. The Official Disability Guidelines (ODG) guidelines are more specific and discourage repeat MRI scans unless there is a significant change in symptoms or findings suggestive of significant pathology such as progressive neurologic deficit. Based upon a review of all records provided, I do not find evidence of progressive neurologic deficit although residual radiculopathy was present after the surgery which is documented in the electrophysiologic studies. Post-operative x-rays have revealed a solid fusion. The metal artifact will likely affect the quality of the imaging. Based upon the above guidelines the request for repeat MRI imaging of the cervical spine is not medically necessary.