

Case Number:	CM14-0117340		
Date Assigned:	08/06/2014	Date of Injury:	04/13/2010
Decision Date:	10/06/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational Medicine and is licensed to practice in California. 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 is a 35 year old female with a 4/13/10 injury date. The patient was involved in an altercation with a minor as she was trying to restrain him, injuring her right shoulder and neck. In a follow-up on 6/19/14, subjective findings were moderate neck pain especially with upward and downward gazing. Objective findings included normal neck ROM but with guarding, crepitation with motion causing pain, compression/distraction not changing symptoms, and positive Tinel's and Phalen's signs distally. A cervical spine MRI on 5/24/11 showed multilevel degenerative disc disease with small disc protrusions at C3-4, C5-6, and C6-7. An EMG on 11/8/11 showed mild to moderate right median nerve sensory dysfunction, but no evidence of cervical radiculopathy. Diagnostic impression: cervical degenerative disc disease, cervical radiculopathy. Treatment to date: medications, physical therapy. A UR decision on 6/30/14 denied the request for 3D cervical MRI on the basis that there was no specific rationale or indication for a 3D MRI over a standard MRI. The decision was modified to allow for a standard cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 D cervical MRI: 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): 179-180); Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. On rare occasions, MRI with 3-dimensional reconstruction views may be used as a pre-surgical diagnostic procedure to obtain accurate information of characteristics, location, and spatial relationships among soft tissue and bony structures. In the present case, there is not enough information provided or clinical rationale to justify a three-dimensional MRI. The medical necessity for this procedure is not established in this case. Therefore, the request for 3D cervical MRI is not medically necessary.