

Case Number:	CM14-0119077		
Date Assigned:	09/16/2014	Date of Injury:	09/25/2012
Decision Date:	10/31/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 38-year-old female with a reported injury on 09/25/2012. The mechanism of injury was lifting a pallet. The injured worker's diagnoses included cervical spondylosis, cervical spondylosis with radiculopathy, and myofascial pain. The injured worker's previous treatments included medications, physical therapy, trigger point injections, and epidural steroid injections. The injured worker's diagnostic testing included electrodiagnostic studies of the lower extremity in 2013 which were unremarkable. On 11/09/2012, cervical spine x-rays revealed no evidence of spondylosis or disc space narrowing. On 03/11/2013, a cervical spine MRI revealed cervical spondylosis and straightening, as well as a broad disc osteophyte complex at C5-6 causing mild spinal stenosis. The injured worker's surgical history included a transforaminal lumbar interbody fusion at L5-S1 on 01/28/2014. The injured worker was evaluated either on 02/20/2014 or 02/22/2014 for complaints of neck and low back pain described as aching, throbbing, sharp, burning, and tiring with numbness and tingling into the right leg occasionally. The injured worker states the pain was worst first in the morning and then in the evening. She rated her pain as 9/10 at its worst, improved by lying down or taking her pain medication. The clinician observed and reported that the neck was supple to palpation with multiple trigger points along the cervical paraspinal muscles. Examination of the extremities shows normal tone in both the upper extremities and lower extremities. Reflexes were 2+ and symmetric at the biceps brachialis and patellar tendons. Cervical and trapezius muscle trigger point injections were administered. The injured worker's medications included Butrans 5 mcg/hour patch and hydrocodone. The injured worker was evaluated on 03/26/2014 for complaints of neck pain with radiculopathy. No physical exam finding documentation was available for review. The request was for MRI of the neck/spine without dye. No rationale for this request was provided. The request for authorization form was not provided.

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 Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Neck page 182

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The injured worker continued to complain of neck pain. The California MTUS/ACOEM Guidelines recommend MRIs for acute neck and upper back conditions when there are red flags for fracture or neurologic deficit associated with acute trauma, tumor, or infection. MRI is also recommended to validate a diagnosis of nerve root compromise, based on a clear history of physical examination finding and preparation for invasive procedures. The provided documentation did not indicate any findings consistent with nerve root compromise, neurologic deficit associated with acute trauma, tumor, or infection, or plan for an invasive procedure. Medical necessity has not been established based on the provided documentation. Therefore, the request for MRI of the cervical spine is not medically necessary.