

Case Number:	CM14-0125667		
Date Assigned:	08/13/2014	Date of Injury:	11/03/2006
Decision Date:	10/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Rehabilitation 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:

The injured worker is a 67 year old female injured on November 3, 2006 while performing customary work duties as a liquor room packer. Clinical note, dated March 14, 2014, indicate the injured worker complains of lumbar spine and neck pain. Neck pain radiates down right arm to hand in C5-6 distributions. Pain is increased with upward, downward, and lateral gaze. Associated numbness and tingling in the right upper extremities. Physical exam of the cervical spine reveals loss of normal cervical lordotic curve, tenderness to palpation over the midline spinous processes at C5, C6, and C7. Tinel's Sign is negative over the occipital nerve. Cervical compression test is positive. There is myofascial hypertonicity with discrete trigger points at C6-7. Cervical spine range of motion: flexion at 2 fingerbreadths, extension at 20 degrees, right lateral rotation at 80 degrees, left lateral rotation at 75 degrees. Spurling maneuver is negative. Diagnoses include cervical spine radiculopathy and lumbar spine radiculopathy. X-ray of the cervical spine, dated October 21, 2009, revealed degenerative changes of the mid and lower cervical spine, spurring changes most prominent about the anterior of the contiguous bodies of C6 and C7: suggesting anterior disc bulge. Pre-injury MRI of the cervical spine, dated December 26, 2001, revealed 3.4mm bulge C5-C6 with impingement of the C6 nerve root. Prior utilization review, dated July 7, 2014, denied request for MRI neck spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Neck Spine w/o Dye: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Cervical MRI pg 178

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Neck

Decision rationale: According to the Official Disability Guidelines (ODG), MRI of the cervical spine is indicated in: 1) chronic neck pain (after 3 months conservative management) with normal radiographs and neurological signs/symptoms, 2) neck pain with radiculopathy if severe or progressive neurologic deficit, 3) chronic neck pain with radiographic evidence of spondylosis and neurological signs/symptoms, 4) chronic neck pain with radiographic evidence of old trauma and neurological signs/symptoms, 5) chronic neck pain with radiographic evidence of bone or disc margin destruction, 6) suspected cervical spine trauma with clinical findings suggestive of ligamentous injury (sprain) with normal X-ray / CT, 7) Known cervical spine trauma with equivocal or positive plain films with neurological deficits, 8) Thoracic spine trauma with neurological deficit. In this case, the clinical note dated March 14, 2014, indicates that the injured worker complains of neck pain with radiation down right arm to hand in C5-6 distributions, associated with numbness and tingling in the right upper extremity. The X-ray of the cervical spine, has previously revealed degenerative changes of the mid and lower cervical spine. Per ODG, the MRI of the cervical spine is indicated in chronic neck pain with radiographic evidence of spondylosis and neurological signs/symptoms. As such, the request for a MRI of the neck spine without dye is medically necessary and appropriate.