MAXIMUS Federal Services

Case Number:	CM14-0127821		
Date Assigned:	08/15/2014	Date of Injury:	11/23/2000
Decision Date:	09/26/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 58-year-old gentleman with a date of injury of 11/23/00. The mechanism of injury is not disclosed in the submitted records for review. The patient has a history of cervical spine injury that failed conservative care. He was found to have cervical degenerative disc disease with cervical radiculopathy. The patient was admitted to the hospital on 3/17/12, and underwent an anterior cervical discectomy at C5-6/C6-7 with osteophytectomy/foramintomy and anterior cervical arthrodesis. The patient was doing well until 2013, when it is ntoed that pain began increasing. He noted pain affecting the lumbar and thoracic spine. Magnetic Resonance Imaging (MRI) of the thoracic spine was done on 7/10/13. This showed mild multilevel degeneratrive changes that were minimal/mild. Lumbar MRI was done also. Conservative care, including epidurals and physical therapy (PT) were done at the time. The patient returned in July of 2014 with report of increasing pain back and interscapular pain. The pain was affecting the upper thoracic area. The daughter was asking about future medical needs, and the doctor ordered MRI of the cervical/thoracic spine to essentially answer these questions. There was no exacerbation of cervical radiuclopathy and no cervical radiuclopathy findings on exam. This was submitted to Utilization Review on 7/24/14, and both MRI of the cervical and thoracic spine were not recommended.

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 without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: Guidelines support use of magnetic resonance imaging (MRI) in patients with clinical findings that suggest neurologic compromise where invasive procedures/surgeries may be necessary. In this case, the patient had cervical surgery (decompression/fusion). MRI is the study of choice in patients with prior spine surgery, however, this would only be necessary in patients with a clinically significant change. In this case, the MRI was requested because the daughter was asking about future medical care. An MRI is not necessary for determination of future medical/surgical needs, in absence of worsening symptoms/clinically significant changes. The patient did not have an exacerbation of symptoms, symptoms of cervical radiculopathy or exam findings suggestive of nerve root compromise. Medical necessity of a cervical MRI without contrast is not established.

1 MRI of the Thoracic Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIï¿¾ Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Revised Edition, (2007) Chapter 12, page(s) 52-56.

Decision rationale: Guidelines do support use of magnetic resonance imaging (MRI) in patients with unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment, or would be a candidate for surgery. Table 12-8 supports MRI for red flags such as cauda equina, tumor, fracture or infection, and it is the test of choice in patients with prior back surgery. This patient already had a thoracic MRI done in 2013, which showed minimal/mild multilevel degenerative changes. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There are no significant changes or neurologic abnormalities that would warrant a repeat MRI. The reason this was requested according to the submitted reports appears to be for determination of future medical/surgical needs as requested by the daughter. This study is not necessary for this. MRI of the thoracic spine without contrast is not medically necessary.