

Case Number:	CM14-0144518		
Date Assigned:	09/12/2014	Date of Injury:	01/20/1993
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal 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:

The patient suffered his worker comp injury on 1/20/93 .On 8/7/13 we note that he had an MRI of the neck which showed partial osseous fusion at C6-7,multilevel DJD and spondylosis at C3-4 to C5-6 resulting in central spinal stenosis at C4-5and C5-6; and multilevel neuroforaminal narrowing moderate to severe at C3-4 and C5-6.On 8/15/14 the patient saw his orthopedic spinal surgeon physician who stated that the patient had daily neck pain which was increased with repetitive twisting and turning of the neck,prolonged extension of the neck, and flexion of the neck .He noted that the patient was on Lyrica,Oxycontin, Morphine Sulfate, and Celexa.He noted that he needed authorization for a cervical MRI prior to doing urgent lumbar surgery in order to verify spinal cord stability and that the cervical spine would not cause spinal cord compression with the lumbar surgery.His rational was that the patient had ongoing neck pain in spite of prior neck surgery and that he walked with a wide based antalgic gait.He also stated that this request was urgent because of severe weakness demonstrated in the patients lower extremities.However, the UR refused to grant authorization for this test.

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 Official Disability Guidelines Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: The MTUS states that most patients with true neck pain usually improve quickly with 3-4 weeks of watchful waiting and monitoring and no imaging studies are needed. However, criteria for imaging studies include red flag symptoms, physiological evidence of tissue injury or neurological dysfunction, failure to progress with a strengthening program to avoid surgery, or for clarification of anatomy prior to an invasive procedure. Physiological evidence of neuro findings could be obtained from physical exam, EMG, bone scans, or sensory evoked potential testing. The MTUS also stated that if unequivocal findings of specific nerve compression were demonstrated on physical exam no other testing would be needed prior to going on to imaging studies. However, if the physical exam is not as clear then the above mentioned testing should be done prior to ordering imaging. Also, if imaging was to be ordered it was suggested that consultative discussion with a specialist would be advisable. Lastly, it was stated that MRI should be ordered in order to image soft tissue and nerves and a CT scan should be considered to look for abnormality in bony structures. In the above patient we note that a specialist is making the recommendation for an MRI study of the cervical spine in order to provide clarification of cervical anatomy prior to lumbar surgery. It is noted that the symptoms demonstrated by the patient require fairly urgent surgery and that the specialist has offered his criteria as to why he needs the MRI in order to assure stability of the cervical spine prior to surgery. Therefore, the UR committee decision is reversed and the patient should have an MRI of the cervical spine as requested by the surgical specialist. The request is medically necessary.