

Case Number:	CM14-0157124		
Date Assigned:	09/30/2014	Date of Injury:	09/07/2012
Decision Date:	11/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 is a 54 year old female who sustained an injury on 09/07/2012 when she was struck by an autistic student. She felt immediate pain in her neck on the left side. Prior treatment history has included cervical roll, acupuncture, physical therapy, and medications. Diagnostic studies reviewed include MRI of the cervical spine dated 05/22/2013 revealed normal lordotic curve. There was a 1.5 mm central posterior disc protrusion at C4-5 level indenting the anterior aspect of the thecal sac; there was mild central stenosis at C5-C6 secondary to a 3 mm central posterior disc protrusion causing pressure over the anterior aspect of the thecal sac. She had mild narrowing of the left neural foramen. Office note dated 08/18/2014 documented the patient to have complaints of neck and left arm pain. She was noted as taking insulin, Levothyroxine, Losartan, hydrochlorothiazide, Norco, and Nabumetone. On exam, she had tenderness in the right trapezial area. Her neck range of motion was limited on extension and rotation to the right. She is diagnosed with cervical stenosis at C5-C6, C5-C6 left-sided disc herniation and left C6 radiculopathy. The patient has been recommended to obtain an updated MRI of the cervical spine, performed at the same location as her last MRI to assess whether or not she is a candidate for an ACDF versus a cervical disc replacement. Prior utilization review dated 09/23/2014 states the request for MRI of the Cervical Spine, without contrast is denied as there is no documented evidence to support the request.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic Resonance Imaging (MRI)

Decision rationale: The guidelines generally do not recommend repeat MRI of the cervical spine. The guidelines state that a repeat MRI of the cervical spine may be indicated for new neurological symptoms, the onset of red flag symptoms, or for progressive neurological symptoms. The clinical notes provided did not identify a clear indication for MRI of the cervical spine. The patient appears to have chronic symptoms but the clinical notes did not adequately discuss new or progressive symptoms. The clinical notes state the MRI is necessary to settle a disagreement between two physicians, and is needed because the prior MRI was over a year old. It is not clear why the previous MRI is not sufficient to settle the dispute. The notes did not provide guidelines or criteria stating that a repeat MRI is needed after 1 year for the reasons above. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.