

Case Number:	CM14-0160733		
Date Assigned:	10/06/2014	Date of Injury:	01/26/2012
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of January 26, 2012. A utilization review determination dated September 3, 2014 recommends noncertification for a cervical MRI. Noncertification was recommended due to lack of documentation of failed conservative care prior to MRI imaging. The utilization review report goes on to indicate that there is weakness and decreased sensation documented on the September 9, 2014 report which was not present on the May 2014 examination. A letter dated September 22, 2014 states that any extension of the patient's neck causes immediate radicular pain down the patient's left arm with a neurologic deficit in the left arm and hand. The note goes on to state that "to leave this gentleman with a permanent paralysis of the left arm is not within the standard of care of this community." A progress report dated May 21, 2014 identifies the subjective complaints indicating that the patient developed neck pain radiating down the right arm around January 26, 2012. The patient underwent an MRI on April 13, 2012 which showed a disc extrusion impinging on the right C8 nerve root with foraminal narrowing at multiple levels. The patient underwent a cervical fusion. Currently the patient has moderate neck pain radiating into both arms right worse than left. Physical examination findings revealed a normal motor examination, normal sensory examination, and no pathologic reflexes. The patient had moderate pain with range of motion testing of the cervical spine. The diagnoses include a history of cervical strain, cervical disc herniation status post discectomy and fusion, and segmental disease breakdown at C5-6 and possibly C4-C5 with possible progressive stenosis and progressive upper extremity radiculopathy. The treatment plan indicates that the patient has been treated with appropriate medications and "needs an updated cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, it does appear the patient is having progressive neurologic dysfunction which may be attributable to the cervical spine. It is acknowledged that there is minimal documentation of failed conservative treatment. However, due to the apparent rapidly progressive nature of this patient's condition, obtaining a cervical MRI is a reasonable next step to determine what treatment options may be available. Therefore, the currently requested cervical MRI is medically necessary.