

Case Number:	CM14-0163816		
Date Assigned:	10/08/2014	Date of Injury:	05/12/2012
Decision Date:	11/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 injured worker sustained injury while trying to lift a case of heavy cans when the patient felt a tear in her crunch in the neck. The date of injury was May 12, 2012. Current medicines are gabapentin, naproxen, baclofen and Zofran. On September 3, 2014 the injured worker presented with complaints of chronic neck and upper back pain. The pain was constant on the right side of the neck and radiated into the upper back region. Symptoms became worse with walking and household chores. Symptoms were relieved with sitting and lying down. The patient was able to stand walk and sit for 10 to 30 minutes. Physical examination showed no muscle/paraspinal muscle atrophy, spasm or deformity. Range of motion was normal with normal flexion, extension, rotation and lateral flexion. The treating physician recommended updated MRI. The original MRI dated March 14, 2013 showed mild spinal canal narrowing at C3 - C5 with mild compression of the cord but no cord signal abnormality. There was also bilateral neural foraminal stenosis at this level. The findings were more severe on the right and moderate on the left. The injured worker's diagnoses were cervical discogenic pain syndrome, neck pain, and myalgia and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck & upper back (updated 8/4/14)Magnetic resonance imaging (MRI)

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

Decision rationale: Pursuant to the Online Official Disability Guidelines (ODG) repeat magnetic resonance imaging (MRI) is not routinely recommended and should be reserved when there are significant changes in symptoms and/objective findings suggestive of significant pathology. With respect to the latter, there were no new objective clinical findings on examination suggestive of significant pathology. The patient underwent a prior MRI with the findings noted above. MRI imaging studies are valuable when physiologic evidence suggests nerve impairment, neurocompression or potentially serious conditions such as fracture or clarification of anatomy prior to surgery. There were no clinical findings compatible with these conditions. Specifically, the injured worker has chronic neck pain with no evidence of radiculopathy and no evidence of progressive neurologic deficit. The patient symptoms have persisted despite conservative treatment and interventional procedures (injections). The most recent available documentation from September 3, 2014 demonstrates tenderness to palpation, normal range of motion and sensory deficit to light touch at the right C6 dermatome. Based on clinical information in the medical record and the Official Disability Guidelines, repeat MRI of the cervical spine are not medically necessary.