

Case Number:	CM14-0180705		
Date Assigned:	11/05/2014	Date of Injury:	01/09/2014
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 is a 49-year-old woman with a date of injury of January 9, 2014. The mechanism of injury occurred when she was lifting heavy boxes. Cervical spine x-ray dated March 8, 2014 showed diffuse disc disease from C2 to C6. Per the injured worker, she has a known case of cervicgia. She remains under treatment, but the case was closed January 2014. X-rays of the lumbar spine were normal. Pursuant to a progress note dated August 6, 2014, the injured worker's relevant complaints included constant severe cervical spine pain that was described as sharp and stiff. Turning and twisting aggravated the pain. The injured worker stated that the pain radiated down the back of her right thigh. There was also lumbar, thoracic, right shoulder and left shoulder complaints of pain. Physical examination of the cervical spine revealed +3 spasm and tenderness to the bilateral paraspinal muscles from C4 to C7, and bilateral suboccipital muscles; an external goniometer or digital protractor measured cervical range of motion (ROM); axial compression test was positive bilaterally for neurological compromise; distraction test was positive bilaterally; shoulder depression test was positive bilaterally; left biceps reflex was absent; right biceps reflex was absent; and right brachioradialis reflex was decreased. There was no documentation of left upper or lower extremity reflex testing to compare with the right upper extremity. The injured worker was diagnosed with cervical disc herniation with myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement with myelopathy, and sciatica. Current medications include: Lidocaine 6%/Gabapentin 10%/Tramadol 10% topical cream, Tramadol 50mg, and Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% topical cream. The provider is requesting a 3D MRI cervical spine. There were no treatment plans or history of prior MRI testing provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for Imaging -- Magnetic Resonance Imaging

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

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), 3-D MRI evaluation of the cervical spine is not medically necessary. The guidelines enumerate the indications for magnetic resonance imaging. The indications include, but are not limited to chronic neck pain (greater than or equal to three months conservative treatment), normal radiographs, neurologic signs or symptoms present; no pain with radiculopathy severe or progressive neurologic deficit; chronic neck pain, radiograph shows spondylosis, neurologic signs or symptoms present. (See ODG for additional indications). In this case, the injured worker had complaints of neck pain, thoracic and lumbar spine pain of the moderate to severe level. There were also complaints of right shoulder and left shoulder pain. There was spasm and tenderness in the neck upper and lower back with decreased range of motion. Indication for magnetic resonance imaging includes the presence of neurologic signs or symptoms. Physical findings in the medical record are notable for 3+ spasm and tenderness from C4 to C7. There were no red flags or neurologic deficits or progressive neurologic deficits noted in the medical record or exhibited by the injured worker. Consequently, 3-D MRI evaluation of the cervical spine is not medically necessary.

3D MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for Imaging, Magnetic Resonance Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back section, MRI thoracic spine

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), 3-D MRI evaluation of the thoracic spine is not medically necessary. The guidelines indicate MRI imaging is appropriate with thoracic spine trauma with neurologic deficit. In this case, the progress notes reflected a diagnosis of cervical disc herniation myelopathy; thoracic disc displacement without myelopathy; lumbar disc displacement with myelopathy; and sciatica. Physical examination showed spasm and tenderness; however, there were no neurologic deficit to the upper extremities noted in the documentation nor were there any red flags noted in the medical overlying the

thoracic spine. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, this request is not medically necessary.