

Case Number:	CM14-0186244		
Date Assigned:	11/14/2014	Date of Injury:	08/16/2010
Decision Date:	12/31/2014	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/08/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a 64-year-old female who sustained a remote industrial injury on 08/16/10 diagnosed with chronic cervical degenerative disc disease with chronic cervical myofascial pain and C4-5 mild canal stenosis with moderate right foraminal narrowing. Mechanism of injury occurred when the patient stepped on a spiky seed pod and fell onto her hands and knees, resulting in pain in the knees and neck. The request for repeat cervical MRI scan was non-certified at utilization review due to the lack of documentation of a significant change in the patient's symptoms or findings suggestive of significant pathology since the previous MRI study. The peer reviewer also notes that there are no neurologic deficits in the most recent exam to support the necessity of a repeat MRI. The most recent progress note provided is 10/24/14. Patient complains primarily of significant neck pain, difficulty sleeping, and somewhat depressed. Patient reports that the pain continues despite chiropractic treatment, which is helpful. Physical exam findings reveal diffuse tenderness in the cervical spine and limited range of motion of the cervical spine; otherwise, the neurological examination/examination of the upper extremities reveals unremarkable findings. Current medications are not thoroughly listed. It is noted that the patient's symptoms are progressively getting worse and the treating physician recommends a repeat cervical MRI scan. Provided documents include three agreed medical examination reports, letters to the appeals board, a neurodiagnostic medical report, an initial consultation report, a permanent and stationary report, acupuncture notes, and a urine toxicology report. On 04/06/12, an orthopaedic surgeon highlights that a repeat MRI of the cervical spine is not indicated because there were no abnormal findings suggestive of radiculopathy upon examination. The patient's previous treatments include acupuncture, chiropractic treatment, and medications. Imaging studies provided include an MRI of the cervical spine, performed on 10/09/10. The impression of this MRI reveals nonspecific straightening of normal cervical lordosis; a 1-2mm posterior disc bulge

at C3-4; mild right neural foraminal narrowing secondary to 2-3mm posterior disc bulge and uncovertebral osteophyte formation at C4-5; and 1-2mm posterior disc bulges at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI scan: 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), Neck and Upper back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: According to ODG criteria, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The treating physician documents that an MRI of the cervical spine was performed in 2010, which documented mild right neural foraminal narrowing at C4-5. However, the documents provided do not indicate that the patient has had a significant change in symptoms, as the progress reports surrounding this initial MRI are not provided for comparison. Further, the treating physician does not highlight suspicion of a significant pathology and the most recent progress report, along with the initial consultation report, does not include any neurologic deficits upon examination indicative of radiculopathy. Thus, the request for Cervical MRI scan is not medically necessary.