MAXIMUS Federal Services

Case Number:	CM14-0022194		
Date Assigned:	05/07/2014	Date of Injury:	08/02/2009
Decision Date:	08/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 and 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:

The injured worker is a 62-year-old female with a reported date of injury on 08/02/2009; the mechanism of injury was not provided. The progress report dated 04/09/2014 noted that the injured worker had complaints that included the pain in the back, neck, hip, hands, and feet. It was also noted that the injured worker had complaints of numbness in the arms, hands, feet, and legs. Additional complaints included tingling in the neck, hand, hip, legs, feet, and arms. Physical examination of the neck noted 5/5 strength throughout bilaterally except bilateral deltoids that were 4/5. It was also noted that sensation was intact through C4 and T2 dermatomes to light touch bilaterally except in the fingers. The examination of the back showed no interval changes on examination. It was also noted that motor strength in the lower extremities were 5/5 bilaterally in all groups except for the left quad which was 4+/5. It was also noted that there was diminished sensation of the bilateral thighs. The clinical note also referenced x-rays that were taken during the visit and they were noted to reveal intact hardware and grafts, no signs of loosening, lucencies remain around the graft margins at C6 and C7; however, there appears to be bridging bone posterior to the graft. The treatment plan noted that the physician believes an updated MRI of the cervical spine and a CT scan on the cervical spine was needed due to the injured worker's progressive neurological deficits. An official MRI dated 06/26/2013 noted postsurgical changes of C-7 fusion and the hardware was well positioned. It was also noted that there was mild to moderate degenerative changes of the spine and moderate right neural foraminal narrowing seen at C3-4. The injured worker's diagnoses include post laminectomy syndrome of the lumbar region, pseudoarthritis, stenosis of the lumbar spine, and postlaminectomy syndrome of the cervical region. The request for authorization for an MRI of the cervical spine and a CT scan of the cervical span, was submitted on 01/31/2014, 02/27/2014, and 05/14/2014.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the cervical spine without contrast is not medically necessary. The ACOEM Guidelines state imaging studies can be ordered if there is emergence of a significant change of symptoms, have evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or a need for clarification of the anatomy prior to an invasive procedure. The medical necessity for a repeat MRI has not been established. There is a lack of documented objective evidence that the injured worker had a significant change in their symptomatology that would benefit from a repeat MRI. Additionally, there is a lack of evidence within the documentation provided that the injured worker has failed to progress through a strengthening program designed to avoid surgery and/or there is a need for clarification of anatomy for an invasive procedure. As such, this request is not medically necessary.

CT SCAN OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for a CT scan cervical spine without contrast is not medically necessary. The ACOEM Guidelines state imaging studies can be ordered if there is emergence of a significant change of symptoms, have evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or a need for clarification of the anatomy prior to an invasive procedure. The medical necessity for a CT Scan has not been established. There is a lack of documented objective evidence that the injured worker had a significant change in their symptomatology that would benefit from a CT scan. Additionally, there is a lack of evidence within the documentation provided that the injured worker has failed to progress through a strengthening program designed to avoid surgery and/or there is a need for clarification of anatomy for an invasive procedure. As such, this request is not medically necessary.