

Case Number:	CM14-0098224		
Date Assigned:	07/28/2014	Date of Injury:	10/17/2006
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 Texas and Ohio. 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 60-year-old male with a reported date of injury on 10/17/2006. The mechanism of injury was noted to be from a motor vehicle accident. His diagnoses were noted to include cervical discogenic disease, cervical radiculitis, bilateral carpal tunnel release, cervical facet syndrome, and disorder of bursae and tendons in the shoulder region. The progress note dated 05/27/2014 revealed complaints of pain in the neck and in the arms. The neck pain was a severe spasm, aching and shooting pain. In the arms, there was a shocking, stabbing forearm ache in a radicular type pattern in the C5, C6, C7 distribution and some into the C4 area. The most recent MRI on 01/10/2013 showed persistent, severe foraminal stenosis, left greater than the right at the C5-6, balanced to C6-7 and moderate to severe balanced to C3-4. The physical examination of the neck showed a spasm, guarding, and loss of lordosis. There was diminished range of motion. The neurologic examination revealed sensation in the C4, C5, C6, and C7 dermatomal loss. This appeared to be more in the C5-6 distribution than the C6-7 distribution. The motor examination showed 4/5 which was 60% to 80% of normal in a catch/give type weakness secondary to pain and guarding left deltoid, left biceps, left triceps, and left grip. The Request for Authorization form was not submitted within the medical records. The request was for a MRI of the cervical spine without contrast. However, the provider's rationale was not submitted within the medical records.

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 Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back; Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

Decision rationale: The neck physical examination revealed dermatomal loss on the left greater than right with sensory to C4, C5, C6, and C7, and reduced motor strength as well as diminished deep tendon reflexes to the upper extremities. The MTUS ACOEM Guidelines' criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps including selection of an imaging study to define a potential cause such as an MRI for neurological deficits. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The guidelines state an MRI can be used to identify an anatomic defect. The injured worker had a previous MRI on 01/20/2013 which showed severe foraminal stenosis from C4 through C7. There is a lack of red flags or significant change in clinical pathology to warrant a repeat MRI of the cervical spine. Therefore, MRI of the Cervical Spine without Contrast is not medically necessary.