

Case Number:	CM14-0212423		
Date Assigned:	01/02/2015	Date of Injury:	06/09/2011
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 patient is a 55 year old male with a work injury dated 6/9/11. The diagnoses include cervicalgia, cervicobrachial syndrome, chronic pain syndrome, cervical spondylosis; cervical disc displacement, and cervicocranial syndrome. Under consideration is a request for an MRI of the cervical spine without contrast. Per documentation the patient is noted to have undergone 2 prior cervical epidural steroid injections (11/11/13 and 3/11/13). The patient is status post cervical CT on 6/9/11 that revealed degenerative arthritic changes of the cervical spine. The patient had a 6/9/11 cervical x-ray that noted minimal anterior spurs along C4, C5, C6, C7 bodies and left C3-4 narrowing. The patient had a 6/14/11 cervical MRI which noted mild C4-5 spondylosis. The patient had an EMG/NCS study on 8/29/11 which states that he had mild left ulnar motor neuropathy at the elbow and probably occipital neuralgia. There is a 10/31/14 progress note that states that the patient has cervical pain that has been increasing. The pain is shooting and radiates from the neck, right shoulder and left shoulder. This is relieved by rest and epidural steroids and increased with heavy weight lifting. The physical exam reveals 5/5 muscle strength, 2/2 reflexes, normal gait, spastic tone in the bilateral upper extremities and neck flexors/extensors. There are paresthesias in the bilateral C5, C6, C7, C8 dermatomes. The light touch is intact globally. There is a positive Spurling test. The treatment plan included a request for a cervical MRI without contrast.

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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI)

Decision rationale: MRI of the Cervical Spine without contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury. The ODG does not recommend a repeat MRI unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The documentation recent physical exam findings do not indicate a progressive neurologic deficit with red flag findings. The request for MRI cervical spine without contrast is not medically necessary.