

Case Number:	CM14-0215300		
Date Assigned:	01/02/2015	Date of Injury:	06/20/1992
Decision Date:	02/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 66-year-old female with a date of injury of 06/20/1992. According to progress report dated 11/19/2014, this patient presents with chronic cervical pain. Previous conservative treatments including massage therapy, chiropractic treatment, and medications, which have not helped to relieve her pain. Previous diagnostic studies include cervical and lumbar MRIs. The patient also reports bilateral shoulder pain. The patient's current medications include naproxen sodium 550 mg for inflammation, Lidoderm patch 5%, and topical compound creams for pain and inflammation. Examination of the cervical spine revealed TTP paraspinals, most prominently in the C3, C4, C6 facets on the right with pinpoint tenderness. There is no evidence of radicular symptoms. There is right cervical facet arthropathy. Examination of the thoracic and lumbar spine was within normal limits. Strength in the upper and lower extremities is normal. There is decreased right C6 and decreased right C7 sensation to pin. There is no evidence for loss of sensory. The listed diagnoses are: 1. Cervical spondylosis without myelopathy. 2. Interstitial myositis. Treatment plan is for an updated cervical MRI as the patient's prior study has become progressively outdated from an interventional standpoint. Treating physician states that the patient has progressive neurological deficit, and an updated MRI is required prior to considering interventional treatment. The utilization review denied the request on 12/15/2014. The medical file provided for review includes progress reports from 06/06/2014 through 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck and upper back chapter, MRI

Decision rationale: This patient presents with chronic neck pain. The current request is for 1 MRI, cervical spine, non-contrast, as an outpatient. The utilization review denied the request stating that there was no clear detail provided whether the sensory and strength deficits in the right upper extremity are a new finding or have been present for a long time. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under “Special Studies and Diagnostic and Treatment Considerations” states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ODG-TWC Neck and Upper Back section, under MRI states “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).” According to progress report dated 11/19/2014, the patient’s last MRI was done in 2007. The treating physician would like an updated MRI prior to considering interventional treatment. The available medical records do not provide unequivocal findings that identify specific nerve compromise. There is no reported significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with MTUS/ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. The request for Repeat cervical MRI is not medically necessary.