

Case Number:	CM14-0215748		
Date Assigned:	02/03/2015	Date of Injury:	12/27/1999
Decision Date:	03/05/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 52 year old female who suffered a work related injury on 12/27/2009. The injured worker had lifted a bucket of water from a top shelf to the second shelf and felt something pop. By the third day she could not sit up in bed. She has had shoulder surgery which did not help with her pain, multiple medications, and physical therapy. She had anterior a cervical C6-7 fusion and discectomy in 10/07/2002. Diagnoses include neck pain, history of C6-7 anterior cervical discectomy and fusion, persistent low back pain, unable to rule out left lumbar radiculopathy, cervical spondylosis, and cervical degenerative disc disease. A primary physician progress note dated 11/26/2014 documents the injured worker has tenderness over the left acromioclavicular joint. There is tightness and tenderness over the bilateral trapezius muscles and the cervical paraspinal muscles, particularly on the left side. Cervical active range of motion: flexion 0-45 degrees, extension 0-35 degrees, rotation 0-70 degrees to the left and 0-70 degrees to the right. She has 5/5 strength in all extremities. Sensation is decreased to light touch over the fingertip of the left index and middle fingers. She ambulates independently without any assistive device. The request is for a Magnetic Resonance Imaging of the cervical spine. The Utilization Review done on 12/13/2014 non-certifies the request for the Magnetic Resonance Imaging of the cervical spine. The guidelines support a Magnetic Resonance Imaging after failure of conservative care after a three or four week period. The records reflect a prior Magnetic Resonance Imaging of the cervical spine in 2011 with no evidence of re-injury or emergence of a red flag that would warrant an additional Magnetic Resonance Imaging at this

time. (California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) - Neck and Upper Back Complaints.)

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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: The patient presents with pain and weakness in his neck, lower back and right upper extremity. The patient is s/p anterior C6-7 discectomy, fusion and instrumentation 12/07/02. The request is for MRI of the Cervical Spine. The patient has had a previous MRI of the cervical spine on 05/10/11, which showed degenerative spondylosis at C5-6 with a broad-based disc bulge, uncovertebral osteophytes and central canal narrowing. MTUS guidelines do not discuss MRIs. 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. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater does not explain why an updated MRI is being requested other than for the patient's subjective symptoms. There is no documentation of new injury, significant change or deterioration in examination findings. The treater does not explain whether or not the patient's extremity symptoms are new or has progress to suspect additional pathology at C5-6 level. There are no red flags either. The request is not medically necessary.