

Case Number:	CM14-0216587		
Date Assigned:	01/06/2015	Date of Injury:	11/16/2011
Decision Date:	02/26/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Internal 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 an injured worker with a history of chronic neck pain. Mechanism of injury was slip and fall. Date of injury was 11/16/2011. Cervical MRI magnetic resonance imaging dated 12/28/11 revealed C-5/6 central canal stenosis. C4-5 and C6-7 central canal stenosis. The central disc protrusion at C7-T1 does not produce impingement on the cord. The uncovertebral spur of C6-7 on the left closely approaches the left C7 nerve root passing into and through the neural foramen. Electrodiagnostic study report dated 10/24/14 noted that there is no electromyographic evidence consistent with a concurrent denervating cervical radiculopathy. The progress report dated 12/2/14 documented that the patient notes chronic neck pain and left upper extremity symptoms. Physical examination was documented. The patient has some tenderness and spasm noted in the left cervical paraspinal region. No tenderness is noted in the cervical spine. Spurling maneuver is negative bilaterally. Range of motion in the cervical spine is within normal limits. There is no tenderness was noted in the thoracic spine or bilateral thoracic paraspinal regions. Deep tendon reflexes in the upper extremities were 2+/4 and symmetric bilaterally. The patient has 4+/5 interosseous testing in the left hand. Otherwise motor testing in the upper extremities was 5/5 in all major muscle groups. Diagnoses were chronic cervicgia and cervical degenerative disc disease. Treatment plan was documented. MRI magnetic resonance imaging of cervical spine and dynamic x-rays of cervical spine were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Medical records documented that cervical MRI magnetic resonance imaging dated 12/28/11 revealed C5-6 central canal stenosis. C4-5 and C6-7 central canal stenosis. The central disc protrusion at C7-T1 does not produce impingement on the cord. The uncovertebral spur of C6-7 on the left closely approaches the left C7 nerve root passing into and through the neural foramen. Electrodiagnostic study report dated 10/24/14 noted that there is no electromyographic evidence consistent with a concurrent denervating cervical radiculopathy. The progress report dated 12/2/14 documented that the patient notes chronic neck pain. Physical examination was documented that Spurling maneuver was negative bilaterally. No tenderness was noted in the cervical spine. Range of motion in the cervical spine was within normal limits. No acute injury to the neck was reported. The 12/28/11 progress report does not document red flags. Because red flags were not demonstrated, the request for cervical spine magnetic resonance imaging is not supported. Therefore, the request for MRI of cervical spine is not medically necessary.

Dynamic x-rays of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Pages 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of upper back symptoms carries a significant risk of diagnostic confusion

(false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. Imaging is not recommended in the absence of red flags. Medical records documented that cervical MRI magnetic resonance imaging dated 12/28/11 revealed C5-6 central canal stenosis. C4-5 and C6-7 central canal stenosis. The central disc protrusion at C7-T1 does not produce impingement on the cord. The uncovertebral spur of C6-7 on the left closely approaches the left C7 nerve root passing into and through the neural foramen. Electrodiagnostic study report dated 10/24/14 noted that there is no electromyographic evidence consistent with a concurrent denervating cervical radiculopathy. The progress report dated 12/2/14 documented that the patient notes chronic neck pain. Physical examination was documented that Spurling maneuver was negative bilaterally. No tenderness was noted in the cervical spine. Range of motion in the cervical spine was within normal limits. No acute injury to the neck was reported. The 12/28/11 progress report does not document red flags. Because red flags were not demonstrated, the request for X-ray of the cervical spine is not supported. Therefore, the request for dynamic X-rays of cervical spine is not medically necessary.