

Case Number:	CM15-0010679		
Date Assigned:	01/28/2015	Date of Injury:	01/02/1995
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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:

The injured worker is a 66 year old female, who sustained an industrial injury on January 2, 1995. The diagnoses have included chronic neck pain, paracervical and trapezius muscles muscle spasms, intermittent burning pain in the left shoulder, status post multiple cervical surgeries, and depression. Treatment to date has included cervical spine fusion, and oral and topical medications. Currently, the injured worker complains of cervical pain shooting down the shoulder to the arms, back stiffness, and numbness, tingling, and weakness in the bilateral arms. The Primary Treating Physician's report dated December 10, 2014, noted the injured worker post-surgical intervention of a multi-level fusion with worsening symptoms of disk injury. Physical examination was noted to show cervical range of motion decreased, especially with flexion, some edema around the lower sternocleidomastoid muscles bilaterally, left worse than right, pain to palpation over the C2-C6 facet capsules, bilateral pain with rotational extension indicative of facet capsular tears bilaterally, and severe increases in pain and decreased strength noted. On January 8, 2015, Utilization Review non-certified a MRI of the cervical spine, noting that the injured worker had a cervical spine MRI on November 29, 2012, and that since there were no signs of significant change in symptoms and/or findings suggestive of significant pathology, proceeding with a repeat MRI was not medically necessary. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 8, Neck and Upper Back Complaints, and the Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) were cited. On January 20, 2015, the injured worker submitted an application for IMR for review of a MRI of the cervical spine.

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 ODG Neck & upper back chapter, MRI

Decision rationale: According to the 12/10/2014 report, this patient presents with a 5-6/10 cervical pain that is aching, deep, pressure, radiating, sharp, shifting, tingling, numbness, tight and shoots down the shoulder to arms. The current request is for repeat MRI of the cervical spine. The patient's disability status is permanent and stationary per AME. Regarding repeat MRIs, ODG guidelines states, 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, and recurrent disc herniation). In the reviewing the provided reports, the Utilization Review denial letter states search of our available records does not show evidence of significant change in symptoms and/or findings suggestive of significant pathology. Regarding the reported worsening of radiculopathy, the 12/10/14 progress report references the patient had a 5-6 out of 10 pain rating with 90% improvement in pain resultant from her medication regimen. As far as significant pathology, although the patient had signs of swollen lymph nodes, there are no associated red flag signs that would indicate the presence of an infection or a tumor. In this case, the provided records shows no discussion to why the patient needs a repeat MRI of the cervical spine when there no progression of neurologic deficit and no new injury. The request for a repeat MRI of the cervical spine is not supported by the ODG guidelines and IS NOT medically necessary.