MAXIMUS Federal Services

Case Number:	CM15-0015866		
Date Assigned:	02/03/2015	Date of Injury:	11/15/1996
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/27/2015

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 59 year old female, who sustained an industrial injury on November 15, 1996. She has reported an injury to the neck and shoulder. The diagnoses have included cervical facet arthropathy, cervical myofascial strain and cervical radiculopathy. Treatment to date has included physical therapy, chiropractic care, trigger point injections, cervical fusion and medication. Currently, the injured worker complains of neck and upper back pain. The injured worker reported that the pain was relatively unchanged from her previous evaluation. She uses a soft cervical collar when driving. She had previous trigger point injections which provided 50% relief for two weeks. She reports headaches related to the neck pain and reports aching and spasms of the shoulders and shoulder blades. The evaluating physician requested a repeat cervical spine MRI for possible medial branch block. On January 22, 2015 Utilization Review non-certified a request for MRI of the cervical spine, noting that the request for cervical spine MRI was for possible medial branch block and that this indication is not supported in the guidelines. The California Medical Treatment Utilization Schedule was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of 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: The Claims Administrator did not cite any medical evidence for its decision.

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 and Upper Back section, under MRI

Decision rationale: The patient presents with neck pain rated 8-9/10 and upper back pain rated 6-7/10. The request is for MRI OF THE CERVICAL SPINE. The RFA provided is dated 11/18/14. Patient?s diagnosis on 11/24/14 included cervical facet arthropathy, cervical myofascial strain, and cervical radiculopathy. Patient remains off work. The patient presents with neck pain rated 8-9/10 and upper back pain rated 6-7/10. The request is for MRI OF THE CERVICAL SPINE. The RFA provided is dated 11/18/14. Patient's diagnosis on 11/24/14 included cervical facet arthropathy, cervical myofascial strain, and cervical radiculopathy. Patient remains off work. 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). Per the progress report dated 11/251/4, there are no recent imaging within the past 3 years. Treater is requesting a repeat MRI for possible medial branch block given the chronicity of pain as well as an effort to minimize medications patient is requiring and improve quality of life. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient states that the pain was relatively unchanged from her previous evaluation pain. Furthermore, there is no documentation or discussion of significant change in symptoms or findings. There is no discussion of neurologic deficit in the upper extremities, no red flags and no new injury, either. Furthermore, an updated MRI is not pre-requisite to facet joint evaluation via DMB blocks. The request is not in accordance with guideline criteria for a repeat MRI. Therefore, the request IS NOT medically necessary.