

Case Number:	CM15-0016271		
Date Assigned:	02/04/2015	Date of Injury:	11/27/2013
Decision Date:	03/23/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 52 year old male, who sustained an industrial injury on November 27, 2013. He has reported being hit by a car while walking. The diagnoses have included cervical degenerative disc disease, left upper extremity radiculopathy, and left upper extremity radiculopathy. Treatment to date has included medications, radiological imaging, physical therapy, rest, chiropractic therapy, and epidural steroid injection. Currently, the IW complains of headaches, neck pain with radiation to the left shoulder and left arm. He also complained of numbness of the left arm. Physical findings indicate straightening of the normal cervical lordosis. Range of motion of the cervical spine was limited; flexion at 30 degrees, extension on right was 30 degrees, extension on left 45 degrees. On January 20, 2015, Utilization Review non- certified magnetic resonance imaging of the cervical spine with contrast based on ACOEM, MTUS guidelines. On January 28, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging of the cervical spine with contrast.

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, with contrast: 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, 182. Decision based on Non-MTUS Citation Neck and Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. Previous MRI of the Cervical spine was performed on 1/16/14 and showed degenerative disc disease C5-6 and C6-7 with moderate narrowing of left lateral recess at C6-7. She also received a left C6 and C7 transforaminal epidural injection which failed to show any evidence of radiculopathy in the post-op report. The medical records fail to document any new trauma or red flags. As, such the request for MRI OF THE CERVICAL SPINE, WITH CONTRAST is not medically necessary.