

Case Number:	CM15-0110597		
Date Assigned:	06/17/2015	Date of Injury:	11/11/2008
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
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:

This 54 year old man sustained an industrial injury on 11/11/2008. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 10/16/2013. Diagnoses include global lumbosacral arthrodesis, adjacent segment syndrome lumbosacral spondylosis, with foraminal stenosis and facet hypertrophy, rule out Parkinson's disease, and cervical disc disease. Treatment has included oral and topical medications, physical therapy, and surgical intervention. Physician notes dated 5/1/2015 show complaints of low back pain rated 8/10. Recommendations include lumbar spine MRI, cervical spine MRI, electromyogram/nerve conduction studies of the bilateral lower extremities, lumbar spine x-rays, possible future CT scan to determine pseudoarthrosis, neurology consultation through private insurance, and follow up after the requested studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Tables 8-1, 8-7, 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/odgtwc/nect.htm#magneticresonanceimaging>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. 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 with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are status post global arthrodesis; adjacent segment syndrome elsewhere L5 spondylosis; rule out Parkinson's disease versus tardive dyskinesia; status post spinal fusion stimulator implantation; and cervical disc disease. According to a progress note dated May 1, 2015 the injured worker subjectively has no complaints of pain at the cervical spine. The injured worker's complaints and diagnostic tests to date involved the lumbar spine. Objectively, there is no cervical spine examination. There are no cervical spine radiographs in the medical record. There is no clinical indication in the medical record for an MRI of the cervical spine. There is no clinical rationale in the medical record for an MRI of the cervical spine based on subjective, objective and neurologic findings. Additionally, there were no unequivocal objective findings to support specific nerve compromise on the neurologic evaluation. Consequently, absent clinical documentation with subjective and objective findings referable to the cervical spine, plain radiographs of the cervical spine and the clinical indication and rationale to support an MRI of the cervical spine, MRI cervical spine is not medically necessary.