

Case Number:	CM15-0179437		
Date Assigned:	09/21/2015	Date of Injury:	07/12/2007
Decision Date:	10/29/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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:

The injured worker is a 54-year-old female, with a reported date of injury of 07-12-2007. The diagnoses include cervical radiculopathy, C5-7 cervical fusion, C4-5 disc herniation, bony hyperostosis at C5-6, and L4 and S1 disc herniations with bilateral foraminal stenosis. Treatments and evaluation to date have included Dexilant, Aspirin, Tramadol, Diovan, Cyclobenzaprine, and Relafen. The diagnostic studies to date have included electrodiagnostic studies on 03-13-2015 with no evidence of entrapment neuropathy on the median ulnar and radial nerves or evidence to support distal peripheral neuropathy in the upper extremities; and urine drug screen on 01-13-2015 which was positive for benzodiazepines and acetaminophen. The neurosurgical and neurological re-evaluation report dated 07-14-2015 indicates that the injured worker had craniocervical pain and tenderness with bilateral occipital tenderness, greater on the left side. It was noted that she is to remain under the care of the specialist for her recent neck surgery. The treating physician recommended comparative MRI scan of the cervical spine. It was noted that the injured worker continued to be temporarily totally disabled to 09-15-2015. According to the medical report dated 05-19-2015, the injured worker underwent an MRI of the cervical spine on 04-22-2015 which showed postsurgical changes at C5-6 and C6-7, circumferential osteophytic ridging at C6-7, central disc protrusion at C4-5, central disc bulge at C2-3, circumferential disc bulge at C3-4, and C7-T1; and a CT scan of the cervical spine on 04-22-2015 which showed straightening of the normal cervical lordosis, postsurgical changes at C5-6 and C6-7, circumferential posterior osteophytic ridging at C5-6, circumferential osteophytic ridging at C6-7, mild bilateral foraminal stenosis, central disc bulge

at C4-5 with mild bilateral facet arthropathy, circumferential disc bulge and mild bilateral facet arthropathy at C3-4, circumferential disc bulge at C7-T1, and circumferential disc bulge at C2-3. The request for authorization was dated 08-07-2015. The treating physician requested a CT scan of the cervical spine and an MRI of the cervical spine. The rationale for the request was not indicated. On 08-14-2015, Utilization Review (UR) non-certified the request for a CT scan of the cervical spine and an 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:

Cervical Spine CT Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic, Computerized Tomography.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, cervical spine CT (computed tomography) scan is not recommended. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, have no neurologic findings do not need imaging. These patients should have a three view cervical radiographic series followed by computed tomography in determining whether or not the injured worker as ligamentous instability, and MRI is the procedure of choice. Indications for CT imaging include suspected cervical spine trauma, alert, cervical tenderness, paresthesia's in the hands or feet; unconscious; impaired sensorium; known cervical spine trauma with severe pain, normal plain x-rays, no neurologic deficit, equivocal or positive x-rays, equivocal or positive x-rays with neurologic deficit. In this case, the injured worker's working diagnoses are cervical radiculopathy; C5-C7 cervical fusion; C4-C5 disc herniation; and L4 and S1 disc herniation's with bilateral foraminal stenosis. Date of injury is July 12, 2007. Request for authorization is August 7, 2015. According to a May 5, 2015 progress note, a second neurosurgeon subjectively stated the injured worker has neck pain, occipital head pain and low back pain. The injured worker presented with a new cervical spine MRI and CT surgical spine. The utilization review indicates the injured worker had an MRI cervical spine and CT cervical spine April 22, 2015. The MRI showed discogenic changes and the CT showed bridging at C5-C7. The treating provider recommends conservative management. A second orthopedic neurosurgeon saw the injured worker on July 14, 2015. According to the July 14, 2015 progress note, the treating provider is recommending comparative MRIs of the cervical spine. There is no neurologic evaluation in the progress note. There is no clinical indication or rationale for the MRI of the cervical spine. There was no clinical indication or rationale for a repeat CT scan of the cervical spine. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a repeat computed tomography cervical spine and no neurologic evaluation, cervical spine CT (computed tomography) scan is not medically necessary.

Cervical spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. 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 cervical radiculopathy; C5-C7 cervical fusion; C4-C5 disc herniation; and L4 and S1 disc herniations with bilateral foraminal stenosis. Date of injury is July 12, 2007. Request for authorization is August 7, 2015. According to a May 5, 2015 progress note, a second neurosurgeon subjectively stated the injured worker has neck pain, occipital head pain and low back pain. The injured worker presented with a new cervical spine MRI and CT surgical spine. The utilization review indicates the injured worker had an MRI cervical spine and CT cervical spine April 22, 2015. The MRI showed discogenic changes and the CT showed bridging at C5-C7. The treating provider recommends conservative management. A second orthopedic neurosurgeon saw the injured worker on July 14, 2015. According to the July 14, 2015 progress note, the treating provider is recommending comparative MRIs of the cervical spine. There is no neurologic evaluation in the progress note. There is no clinical indication or rationale for the MRI of the cervical spine. There was no clinical indication or rationale for a repeat CT scan of the cervical spine. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a repeat MRI cervical spine and no neurologic evaluation, MRI cervical spine is not medically necessary.

