

Case Number:	CM15-0071012		
Date Assigned:	04/21/2015	Date of Injury:	03/04/2013
Decision Date:	05/21/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/14/2015

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 51 year old male, who sustained an industrial injury on 3/04/2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervicgia status post cervical fusion on 7/25/14. Treatments to date include medication therapy and physical therapy. Currently, he complained of an exacerbation of cervical pain with radiation to left greater than right shoulders. On 3/9/15, the physical examination documented diminished range of motion with guarding, spasms and tenderness. The plan of care included a repeat MRI of cervical spine to determine herniation above prior fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the cervical spine: Overturned

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 Chapter, MRI.

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 Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI).

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with neck and arm pain rated 3/10. The request is for REPEAT MRI OF THE CERVICAL SPINE. The patient is status post anterior cervical fusion 07/25/14. Patient's diagnosis per Request for Authorization form dated 03/26/15 includes cervical disc herniation. Diagnosis on 03/09/15 included status post C4-C5-C6-C7 anterior decompression with residual flare -up of radiculopathy C5-C6-C7, ulnar greater than radial, right greater than left; adjacent motion segment syndrome, rule out recurrent herniation C3-C4 with neck stiffness, soreness, occipital spasm; and status post ulnar nerve decompression with wild thenar and hypothenar atrophy. Treatments to date include physical therapy and medications. The patient is temporarily totally disabled, per 03/09/15 treater report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, 'Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI), have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. UR letter dated 04/04/15 states "...guidelines do not recommend a repeat MRI in the absence of progressive neurologic deficits..." Physical examination to the cervical spine on 03/09/15 revealed diminished range of motion. Rotation to the left caused Spurling's sign into the right shoulder. In this case, the patient continues with neck and arm pain, which is neurologic sign and symptom. Per 03/09/15 progress report, treater states "repeat MRI of the cervical spine to determine C3-C4 disc herniation above the prior fusion." The patient is post-op and guidelines support repeat MRIs to evaluate the impact of surgical interventions, which may contribute to a significant change in symptoms. Therefore, the request IS medically necessary.