

Case Number:	CM15-0090827		
Date Assigned:	05/15/2015	Date of Injury:	10/11/2002
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 68 year old female patient, who sustained an industrial injury on 10/11/2001. The mechanism of injury is unknown. The diagnoses include lumbar facet syndrome and multilevel cervical stenosis. Per the progress note dated 3/26/2015, she had improvement in low back pain after the radiofrequency ablation but continues to complain of persistent pain and stiffness in the neck with numbness down the arms. Physical examination revealed lumbar spine-tenderness and decreased range of motion; cervical spine- tenderness and forward flexion; 1 finger breadth of chin to chest and extension 10 degrees; normal strength and sensation in bilateral upper extremities. The medications list includes ultracin lotion. She has had Magnetic resonance imaging of lumbar spine showed lumbar stenosis and facet arthropathy. Cervical spine MRI was authorized in 8/2014. This MRI report was not specified in the records provided. Treatment to date has included lumbar radiofrequency ablation and medication management. The treating physician is requesting a magnetic resonance imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic Resonance Imaging (MRI), neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 05/12/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: Magnetic Resonance Imaging (MRI) of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. She had a MRI cervical spine authorized in 8/2014. This MRI report was not specified in the records provided. Per ODG neck/ upper back guidelines cited below "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)." Significant change in signs or symptoms since previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Evidence of failure of conservative therapy is not specified in the records provided. A recent cervical spine X-ray report is not specified in the records provided. In addition, electro-diagnostic study with significant neurological deficits is not specified in the records provided. The medical necessity of Magnetic Resonance Imaging (MRI) of the cervical spine is not established for this patient.