MAXIMUS Federal Services

Case Number:	CM15-0091346		
Date Assigned:	05/15/2015	Date of Injury:	04/20/1998
Decision Date:	06/17/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/12/2015

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 57-year-old male who sustained an industrial injury on 4/20/98, which was a crushing injury when a generator fell on him. He currently (2/16/15) is experiencing constant, severe sharp neck and mid back pain. His pain level is 10/10. Nearly all of his activities of daily living increase his neck and mid back pain level. On physical exam, there was tenderness and hypertonicity of the cervical and thoracic paraspinal musculature. His cervical range of motion is decreased. Medications are Ambien, Clonazepam, Neurontin, Motrin, Zoloft, Vicodin, Fentanyl. Diagnoses include muscle spasms; displacement of cervical intervertebral disc without myelopathy; other specified disorders of the bursa and tendon in the shoulder; testicular hypofunction. Treatments to date include greater occipital nerve radiofrequency with 100% in pain reduction; paravertebral facet joint injection bilateral C4-5, C5-6, C6-7 (12/22/10); medications. Diagnostics include MRI cervical spine (1/16/13) showing degenerative disc disease, spinal stenosis with focal effacement of cerebrospinal fluid and minimal ventral spondylosis. On 5/2/15, Utilization Review assessed the request for 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:

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Magnetic resonance imaging (MRI).

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 is working diagnoses are muscle spasms; displacement of cervical intervertebral disc without myelopathy; other specified disorders of bursa and tendon in the shoulder. An MRI of the cervical spine was performed January 16, 2013. MRI results from January 16, 2013 (cervical spine) show mild C-5 - C7 DDD; mild - moderate C-5 - C6 spinal stenosis both effacement of CSF from thecal sac and mild mass effect on the ventral cord and minimal ventral spondylosis C3 - C4 and T8 - T9. 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 request for authorization is dated April 28, 2015. The injured worker was under the care of a [redacted] (pain management provider). There are no contemporaneous progress notes from the requesting provider on or about the date of request for authorization April 28, 2015. The most recent progress note by the treating provider is January 12, 2015. As a result, there is no clinical indication or rationale for a repeat cervical spine magnetic resonance imaging scan. The utilization review states there are no new objective findings since August 2014. A progress note dated January 12, 2015 indicates the injured worker has worsening neck pain. Objective there was decreased range of motion, pain with rotation, flexion and hyperextension with tenderness along the C4 - C5, C5 - C6 and C6 - C7 facets, sensory deficit in the C6-T1 dermatome and decreased grip strength. Consequently, absent contemporaneous compelling clinical documentation with significant new neurologic changes and/or red flags, MRI cervical spine is not medically necessary.