

Case Number:	CM15-0092409		
Date Assigned:	05/20/2015	Date of Injury:	09/25/2013
Decision Date:	06/18/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/13/2015

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 56 year old female, who sustained an industrial injury on 09/25/2013. She has reported injury to the neck. The diagnoses have included cervical disc herniation with myelopathy; and cervicobrachial syndrome. Treatment to date has included medications, diagnostics, acupuncture, home traction unit, and physical therapy. Medications have included Vicodin and topical compounded creams. A progress note from the treating physician, dated 04/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant severe neck pain that was described as burning; pain was aggravated by turning and twisting; migraine headaches associated with her neck pain; and numbness extending into the left shoulder. Objective findings included tenderness and +2 spasms to the bilateral paraspinal muscles from C4 to C6, bilateral suboccipital muscles and left upper shoulder muscles; distraction test was positive bilaterally; shoulder depression test was positive on the left; left biceps reflex was decreased; and the left brachioradialis reflex was decreased. The treatment plan has included the request for 3D 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:

3D MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Pursuant to the Official Disability Guidelines, three-dimensional MRI cervical spine is not recommended. 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. The guidelines do not address a three-dimensional computed tomography of the cervical spine. Three-dimensional (3D) scans are not recommended as a separate procedure in the knee and leg section. Three-dimensional rendering of imaging studies use multiple thin sections of images and reconstructs them into three-dimensional images. In this case, the injured worker's working diagnoses are cervical this herniation with myelopathy; and cervical-brachial syndrome. The treatment plan in the April 16, 2015 progress note states the injured worker needs an updated MRI study. The prior MRI of the cervical spine was not present at medical record. Subjectively, the injured worker has constant severe pain aggravated by turning and twisting. Objectively, there was 2+ spasm and tenderness in the bilateral paraspinal muscle groups. Distraction test was positive. There are no red flags. There are no unequivocal neurologic deficits documented in the medical record. 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). There is no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent guideline recommendations for a 3-D MRI cervical spine with a prior cervical spine MRI (results not available for review in the medical record), three-dimensional MRI cervical spine is not medically necessary.