

Case Number:	CM13-0007042		
Date Assigned:	12/11/2013	Date of Injury:	01/23/2008
Decision Date:	02/10/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in CT, NC, and PA. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 64-year-old female who has had previous MRI of the cervical spine on 06/22/12 that reported spondylotic changes, no evidence of neural foraminal or central stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), pg 178, Official Disability Guidelines (ODG) Treatment Index, 11 Edition (web), 2013, Neck and Upper Back-MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: In review of the provided medical records, there is no documentation on this cervical spine MRI to suggest the imaging study was suboptimal, technically inadequate, or had deficiencies which would merit further imaging. There is no documentation in the medical records that there has been a clinical change in subjective complaints or objective findings to

merit repeat MRI imaging of the cervical spine. These records do not support reimaging of the cervical spine.

Bone Scan of the entire body: 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) Treatment Index, 11 Edition (web), 2013, Neck and Upper Back-Bone Scan

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: Bone scan of the total body cannot be supported from the medical records. It is unclear of the indication and the intent of such an examination in review of the records submitted.