

Case Number:	CM13-0011954		
Date Assigned:	03/10/2014	Date of Injury:	12/01/2002
Decision Date:	04/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 49-year-old female with a 12/1/02 date of injury. At the time of request for authorization (7/22/13) for 1 MRI of the cervical spine, closed 3.0 T, there is documentation of subjective (neck and right shoulder pain) and objective (decreased cervical spine and right shoulder range of motion and tenderness to palpation along the posterior cervical spine) findings, imaging findings (MRI cervical spine (4/9/12) report revealed progression of disc space narrowing at C5-6 as well as endplate spurring causing moderate central foraminal stenosis), current diagnoses (status post anterior cervical decompression and fusion), and treatment to date (physical therapy and medications). Medical report identifies a request for MRI of the cervical spine given that patient has not been scanned since surgery, and to rule out any adjacent segment degenerative disc disease which could be causing the ongoing symptomatology. There is no documentation of a change in the patient's condition marked by new or altered physical findings.

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, CLOSED 3.0 T: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MINNESOTA RULES, 5221.6100 PARAMETERS FOR MEDICAL IMAGING

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. The ODG guidelines identify documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of status post anterior cervical decompression and fusion. However, despite documentation of a rationale identifying a request for MRI of the cervical spine given that the employee has not been scanned since surgery, and to rule out any adjacent segment degenerative disc disease which could be causing the ongoing symptomatology, there is no documentation of a change in the employee's condition marked by new or altered physical findings. Therefore, based on guidelines and a review of the evidence, the request for one (1) MRI of the cervical spine, closed 3.0 T is not medically necessary.