

Case Number:	CM13-0018668		
Date Assigned:	10/11/2013	Date of Injury:	08/02/2010
Decision Date:	01/06/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine & Rehabilitation, 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:

The underlying date of injury in this case is 08/02/2010. This patient is a 42-year-old woman who has reported neck pain status post a motor-vehicle accident on or about 02/16/2011. On 08/14/2011, the treating physician noted that the patient had underwent multiple studies including cervical MRI imaging and electrodiagnostic studies and had tried physical therapy with minimal improvement. On physical examination the patient had normal strength in the upper extremities without evidence of atrophy or abnormal movements. Overall, no specific neurologic deficits were noted. The treating physician reviewed an MRI of the cervical spine on 06/03/2013 and noted this demonstrated multilevel degenerative disc bulges and discogenic changes. An EMG of 08/22/2012 was noted to be normal. The treating physician noted the patient had failed extensive past treatment and was neurologically intact and that she had bulges at multiple levels on MRI imaging. That physician discussed multiple potential treatment strategies with the patient. An initial physician review recommended non-certification pending clarification regarding the nature of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three MRI, spinal canal and contents; cervical without contrast material: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Low Back chapter..

Decision rationale: ACOEM Guidelines, Chapter 8, Neck, Page 182 recommends MRI imaging "to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedure." The principles for repeat cervical MRI would be similar to those in Official Disability Guidelines, which states regarding MRIs "repeat MRIs are indicated only if there has been progression of neurological deficit." The medical records overall do not clarify indication for the requested MRI study. This request is not medically necessary.