MAXIMUS Federal Services

Case Number:	CM13-0022639		
Date Assigned:	11/13/2013	Date of Injury:	01/06/2009
Decision Date:	01/28/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/10/2013

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 Diagnostic Radiology 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 patient is a 48-year-old male who sustained a work-related injury on 01/06/2009. The patient's diagnoses include cervical disc disease with radicular symptoms, bilateral shoulder pain and stiffness, bilateral lateral epicondylitis, bilateral hand pain, and anxiety disorder. A request for authorization was made for a repeat MRI of the cervical spine to assess disc disease and canal stenosis. The clinical information indicates the patient had an MRI in 06/2012, which revealed facet arthritis, which caused mild right foraminal narrowing at C5-6. The patient's prior treatment includes physical therapy, acupuncture, steroid injections, and medication management. The most recent progress report dated 10/24/2013 documented objective findings of 8/10 pain, decreased range of motion, no motor deficit, and blunting to pin/light touch in the right arm and hand in the C6-7 distributions. The treatment plan included medication refills and a request for an 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:

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177, 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Official Disability Guidelines state, "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 clinical provided indicates some neurological deficit, but the deficit has been a constant throughout the course of the patient's treatment. There is no evidence to support worsening neurological deficit or worsening symptoms. As such, repeat imaging is not warranted. Therefore, the request for MRI of the cervical spine is non-certified.