

Case Number:	CM13-0026028		
Date Assigned:	03/14/2014	Date of Injury:	11/25/2009
Decision Date:	05/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 42-year-old female who reported an injury on 11/25/2009 due to repetitive trauma while performing normal job duties. The injured worker's treatment history included chiropractic care, physical therapy, and medications. The injured worker underwent a cervical spine MRI in 05/2012 that documented a mild hydromyelia at C6, mild central canal stenosis at C3-4, C5-6, and C6-7, and moderate neural foraminal stenosis at C3-4 and C4-5. The injured worker was evaluated on 10/16/2013. It was documented that the injured worker had tenderness to the paravertebral musculature and upper trapezial musculature with spasm, axial loading compression test and Spurling's maneuver positive, and painful restricted cervical range of motion with disturbed sensation in the C6-7 distribution. The injured worker's diagnoses included cervical discopathy, cubital tunnel double crush syndrome, status post right carpal tunnel release x2, and status post left carpal tunnel release x1. The injured worker's treatment plan was to schedule an MRI of the cervical spine and thoracic 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): 177-179. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, MRI

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address repeat imaging. The clinical documentation submitted for review does indicate that the injured worker had previously undergone an MRI of the cervical spine. The Official Disability Guidelines do not support the use of repeat imaging unless there is evidence of severe progressive neurological deficit or a significant change in the injured worker's pathology. The clinical documentation submitted for review does not provide a significant change in the injured worker's clinical presentation to support the need for an additional MRI. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.

MRI OF THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The requested MRI of the thoracic spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends imaging studies for the low back when there is evidence of neurological deficits that require further diagnostic studies. The clinical documentation submitted for review does not provide any evidence of neurological deficits related to the thoracic spine. Additionally, there is no documentation of red flag conditions that would support the need for an imaging study of the thoracic spine. As such, the requested MRI of the thoracic spine is not medically necessary or appropriate.