

Case Number:	CM13-0031440		
Date Assigned:	12/04/2013	Date of Injury:	06/02/1987
Decision Date:	02/06/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Practice 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 patient is a 64 year old female who reported an injury on 06/02/1987. The mechanism of injury was not provided, nor was the initial course of treatment. The resulting injury was to the patient's cervical and lumbar spine. The subsequent diagnoses include cervical disc disease with radiculitis, lumbar disc disease with radiculitis, and cervical post-laminectomy syndrome. The patient is noted to have received several cervical epidural steroid injections in 2012 with 70% to 80% pain relief lasting approximately 2 months. It is continuously reported in the entirety of the clinical records submitted for review that the patient received a cervical MRI on 03/16/2015; however, this is not a valid date. The records also state that the study and report were both reviewed and to "please see the report for full details". The report however, was not provided in the medical records submitted. Other than stating there were multilevel degenerative changes in the cervical spine, there is no further discussion regarding the cervical MRI results. The patient's current medications include Norco 10/325 mg tablets, 1 tablet every 6 hours; Zanaflex 2 mg tablet, 1 tablet 3 to 4 times a day; Celebrex 100 mg capsule, 1 capsule daily; gabapentin 300 mg capsule, 1 cap 4 times a day; and various topical creams. The patient's current diagnoses include cervical spine spondylosis without myelopathy (721.0); lumbosacral spine spondylosis without myelopathy (721.3); injury to other specified nerves of the shoulder girdle and upper limb (955.7); and thoracic spondylosis without myelopathy (721.2).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, MRI.

Decision rationale: California MTUS/ACOEM Guidelines do not address the criteria for repeat MRI; therefore, Official Disability Guidelines were supplemented. Official Disability Guidelines do not recommend repeat MRI unless there is a significant change in symptoms and/or findings suggestive of significant pathology to include tumor, infection, fracture, neurocompression, or recurrent disc herniation. The clinical records indicate the patient received a cervical MRI; however, the date given is not valid. The only discussion of results from this MRI includes multilevel disc degeneration. As the official MRI results were not included for review, it is impossible to determine the date on which it was performed with the provided information. The clinical notes submitted for review repeatedly state the cervical spine and lumbar spine are clinically unchanged. As there is no evidence of significant change in symptoms and no anticipation of an invasive procedure, an MRI of the cervical spine is not indicated at this time. As such, the request for MRI of the cervical spine without contrast outpatient is non-certified.