

Case Number:	CM13-0049539		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2008
Decision Date:	03/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 and 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:

This is a 55 year old woman with a date of injury of 1/25/08. She has a history significant for a fall backward off a truck, injuring her neck, shoulder and back. The patient has had extensive conservative care for this injury, including medications; land PT, aquatic PT, chiropractic care, psychology sessions and trigger point injections. An EMG/NCS from 2008 shows chronic right C6, C6, and C7 nerve root lesions and mild right CTS. She has prior MRI studies of the lumbar and cervical spine, with the cervical MRI done on 1/15/09. This did show multilevel degenerative changes with moderate to severe neural foraminal narrowing. It does not appear that this patient required surgery to the cervical spine. Following extensive treatment and reaching maximal medical improvement, the patient was made permanent and Stationary with her case settled in April of 2013 with future medical provision. She now gets chronic care from an orthopedic specialist for diagnoses that include neck pain with radicular symptoms, low back pain with referred symptoms, and bilateral knee pain/strain. The current treating physician is noted to have first started requesting repeat cervical MRI on his 8/01/13 report. She had some worsening neck pain with muscle spasm and stiffness, but there was no new injury/trauma, no new symptoms, and no clinically significant changes noted. Repeat cervical MRI was essentially requested for an "updated" study to see if cervical pathology had progressed. Subsequent follow-up visits in late 2013 also requested repeat cervical MRI with the same justification. This was reviewed in Utilization Review on 10/14/13, and given a lack of clinical support for the repeat study, certification was not recommended. Follow-up report from the PTP on 1/03/14,

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MAGNETIC RESONANCE IMAGING (MRI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: This is a patient with chronic neck pain, and with no documentation suggestive of any clinically significant changes, such as new trauma, new red flags, or progressive neurologic deficits. She has already had a prior MRI, and is permanent and Stationary. ACOEM is silent with regards to the specific issue of repeat MRI of the spine, but ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). Medical necessity for this repeat MRI is not established.