

Case Number:	CM13-0059141		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2011
Decision Date:	06/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 expert 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 39-year-old male who reported an injury on 11/19/2011 due to a repetitive trauma while performing normal job duties. The injured worker's treatment history included physical therapy, chiropractic care, and a back brace. The injured worker underwent a cervical MRI on 07/17/2013 that documented there was a 2 mm right paracentral disc bulge at the C5-6, mild narrowing of the right neural foramen. The injured worker was evaluated on 12/05/2013. Physical findings included complaints of increased pain for multiple body parts to include the lumbosacral spine, the right shoulder, bilateral hands, bilateral elbows, and right knee pain. The injured worker's diagnoses included cervical spine sprain/strain and degenerative disc disease, lumbosacral spine sprain/strain and degenerative disc disease with bilateral lower extremity radiculopathy, left knee internal derangement, right knee sprain/strain, bilateral tennis elbow, bilateral shoulder sprain/strain. A request was made for physical therapy and acupuncture. A request was also made for a cervical MRI; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI CERVICAL: 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI

Decision rationale: The requested repeat MRI of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend MRIs of the cervical spine when there is unequivocal evidence of radiculopathy. The clinical documentation submitted for review does not provide an adequate assessment of the patient's functional status to support that there are signs and symptoms of radiculopathy that would require a diagnostic test such as an MRI. Additionally, the clinical documentation does indicate that the injured worker has already undergone an MRI. Official Disability Guidelines do not support the use of repeat imaging unless there is a significant change in the injured worker's clinical presentation to support progressive neurological deficits or a change in pathology. The clinical documentation submitted for review indicated that the injured worker has not had any change in functional status or clinical presentation to support the need for an additional imaging study. As such, the repeat MRI is not medically necessary or appropriate.