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| Case Number: | CM13-0064856 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 04/05/2002 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

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 Occupational Medicine, 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 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 patient is an employee of [REDACTED] and has submitted a claim for cervical and lumbar disc degeneration associated with an industrial injury date of 04/05/2002. Treatment to date has included prescription of fentanyl, oxycodone, Cymbalta, bupropion, Nuvigil and Flexeril. Utilization review from 11/13/2013 denied the request for repeat cervical magnetic resonance imaging because of lack of documentation on any recent neurological findings that will support the need for a repeat testing. Medical records from 2013 were reviewed showing that patient has been complaining of chronic cervical neck pain graded 7-8/10. Accordingly, pain medications did not provide relief of symptoms resulting to constricted activities. Lying down alleviated the pain, while sitting aggravated it. Patient was not found to be a surgical candidate because of her obesity. Objective findings stated that patient appeared upset, troubled, and tearful. Patient also manifested with antalgic gait. Cervical Magnetic resonance imaging, dated 2005, revealed C3-C6 disc protrusion and C6-C7 disc extrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REPEAT MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: As stated in pages 179-180 of California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, ordering of imaging studies is indicated when there is emergence of a red flag, and physiologic evidence of tissue insult or neurologic dysfunction. It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination, or electrodiagnostic studies. In this case, the rationale for a repeat Magnetic resonance imaging of cervical spine written on 10/24/2013 was to ascertain comparison due to patient's worsening of symptoms. Medical records submitted and reviewed did not include a comprehensive physical examination that will necessitate repeat imaging study. There was no evidence of neurologic dysfunction or a change or progression in such neurologic findings. The guideline criteria have not been met. Therefore, the request for repeat magnetic resonance imaging of the cervical spine is not medically necessary.