MAXIMUS Federal Services

Case Number:	CM13-0065213		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2011
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Spine Surgery, 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 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 a 59-year-old female who reported an injury on 11/1/11. The mechanism of injury was not provided. The office note dated 8/29/13 revealed that the patient had a cervical spine examination that demonstrated diffuse tenderness with limited range of motion. The patient had a lumbar spine examination that demonstrated diffuse tenderness and limited range of motion. The patient's diagnoses were noted to include lumbar degenerative disc disease and cervical degenerative disc disease. The patient had an MRI of the lumbar spine on 5/11/12 which revealed degenerative disc disease with facet arthropathy and retrolisthesis, L3-4 with grade I anterolisthesis; and L5-S1 with bilateral L5 and right L4 pedicle edema/stress reaction. There was neural foraminal narrowing including L4 to L5 mild to moderate right and L5-S1 moderate to severe left neural foraminal narrowing. The MRI of the cervical spine indicated the patient had degenerative disc disease with facet arthropathy with C3-4 moderate right neural foraminal narrowing. The treatment plan was noted to include it had been a year and a half since the patient's last MRI of the cervical spine and lumbar spine and the physician recommended a repeat MRI to assess whether or not there had been any significant change in the degenerative disc disease or multilevel herniated discs in the cervical spine and lumbar 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines do not recommend repeat MRI unless the patient has a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review failed to indicate the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. There was a lack of a thorough objective physical examination. Given the above, the request for MRI of the cervical spine is not medically necessary

MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines do not recommend repeat MRI unless the patient has a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review failed to indicate the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. There was a lack of a thorough objective physical examination. Given the above, the request for MRI of the cervical spine is not medically necessary