

Case Number:	CM13-0067837		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2005
Decision Date:	04/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 & 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 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 65-year-old female who reported an injury on 06/27/2005. The initial evaluation dated 04/16/2013 indicated the patient underwent a cervical MRI on 08/21/2006 showing cervical spondylosis with C4-C6 mild to moderate spinal stenosis with compression on the anterior spinal cord associated with mild focal myelomalacia. The note dated 09/03/2013 indicated the patient reported her neck and low back pain was not improving. The patient reported the low back pain radiated down her right leg. The patient reported she had occasional altered sleep. It is noted the patient was compliant with her independent aquatic exercise program. The patient reported she had partial relief with Celebrex. It is noted the patient was status post C4-5 cervical fusion. The range of motion of the cervical spine was flexion at 30 degrees, extension at 30 degrees, left side bending at 25 degrees, right side bending at 20 degrees, left rotation at 20 degrees, and right rotation at 30 degrees. Spurling maneuver was deferred. It was noted the patient would continue to be managed conservatively and continue aerobic water exercise. Medications included Ultram 50 mg every 6 hours as needed for pain, Celebrex 100 mg twice daily as needed, and Ambien as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL 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), Neck and Upper Back (acute and chronic), (updated 5/14/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: The request for cervical MRI is non-certified. The California MTUS/ACOEM does not address repeat MRIs. However, the Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recent herniated disc). The records submitted for review indicated the patient received a cervical MRI on 08/21/2006. The records submitted for review failed to include recent clinical notes with objective findings suggestive of significant pathology and a rationale to support a repeat MRI of the cervical spine. As such, the request for cervical MRI is not supported; therefore, the request is non-certified.