

Case Number:	CM13-0071455		
Date Assigned:	01/08/2014	Date of Injury:	04/05/2010
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 Surgery has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California and 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 injured worker is a 37 year old male with a reported date of injury on 04/05/2010. The injury reportedly occurred while the worker was walking backwards pulling a cart with 100 pounds of equipment. An MRI of the cervical spine dated 07/30/2010 revealed a 4mm posterior disc protrusion at C4-C5 with disc degeneration. According to the clinical note dated 08/24/2010 there was "limited" cervical range of motion. According to the MRI of the cervical spine dated 04/08/2013 it revealed a 3mm disc protrusion at C5-C6, At C4-C5 there was a 2mm protrusion and fissure slightly narrowing the right foramen. The findings were consistent with radicular complaints by the injured worker. According to the clinical note dated 09/17/2013, the injured worker had positive cervical decompression, positive forminal compression and positive shoulder depression. The injured worker's motor strength was 5/5. According to the clinical documentation dated 11/11/2013 the injured worker complained of neck pain and upper, middle and low back pain. The injured worker had a history of physical therapy and acupuncture with dates not provided in the documentation. The injured workers medication regimen was not provided within the clinical documents available for review. The request for authorization for 1 MRI of the cervical spine was submitted on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Official Disability Guidelines state that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or clinical findings. MRI should be reserved for patient who have clear-cut neurologic findings and those suspected of ligamentous instability. Although the injured worker does have clinical findings of neurologic deficits, these deficits have not changed since the previous MRI. The latest cervical MRI dated 04/08/2013 shows improvement from the previous MRI dated 07/30/2010. As it did not appear the injured worker had a significant change in symptoms or clinical findings indicative of significant pathology a repeat MRI would not be indicated. The request is not congruent with the recommended guidelines for repeat MRIs. Therefore, the request for 1 MRI of the cervical spine is not medically necessary.