MAXIMUS Federal Services

Case Number:	CM14-0101287		
Date Assigned:	07/30/2014	Date of Injury:	10/02/2011
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 claimant was injured on 10/02/11. A repeat MRI of the cervical spine is under review. She was injured when she slipped and fell and landed on her buttocks and struck her head on concrete. She had a caudal epidural steroid injection in June 2013 with 80% overall improvement. MRI of the cervical spine on 01/05/13 demonstrated disc protrusions/extrusions at C3-4 and C5-6. She saw [redacted] on 05/01/14 and complained of neck pain radiating down the bilateral upper extremities and low back pain radiating down the left lower extremity. She had upper extremity pain in the left fingers and hand and it was level 8/10 without medication and 3/10 with medication. Her pain had gotten worse. The results of the EMG/NCV on 03/15/14 are unknown. The patient requested a new cervical spine MRI. She was in moderate distress and had vertebral tenderness and myofascial trigger points in the left trapezius. She had moderately limited range of motion. Diagnoses include chronic pain with cervical radiculitis status post cervical spine fusion. She was prescribed extracorporeal shockwave therapy and topical medications on an unknown date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Magnetic Resonance Imaging (MRI) cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back, Repeat MRI.

Decision rationale: The history and documentation do not objectively support the request for a repeat MRI of the cervical spine in the absence of clear evidence of new or progressive neurologic deficits and/or failure of a reasonable course of conservative treatment. The ODG states "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). (Anderson, 2000) (ACR, 2002)" The specific indication for this study has not been clearly described and none can be ascertained from the records. There is no indication that a course of conservative treatment has been recommended for the claimant's reports of increased pain and has been completed or attempted and the claimant failed to improve. There is no evidence that she has been involved in an ongoing independent program of self-directed exercise since her injury/surgery and has worsened despite such efforts. The medical necessity of this request for a repeat MRI of the cervical spine has not been demonstrated. Therefore, this request is not medically necessary.