

Case Number:	CM14-0011230		
Date Assigned:	02/21/2014	Date of Injury:	09/29/2011
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 09/29/2011. The clinical note dated 01/13/2014 indicated a diagnosis of cervical degenerative joint disease with normal EMG and rule out upper extremity neuropathy. The injured worker reported neck and left arm cramping. She reported intensifying neck pain worse with extension and worse with rotation to the right. On physical exam, there was limited range of motion with pain on extension, diminished biceps reflex, and diminished sensation at the right C6 dermatome and dorsal wrist 1st to 3rd fingers. The treatment plan included recommendations for a liver function test as the injured worker was utilizing chronic medications, a toxicology test to assess for compliance, and a repeat MRI of the cervical spine. The provider recommended the injured worker to remain off work until the following office visit which was scheduled for 6 weeks after the date of the visit. A rationale for the requested cervical MRI was not provided for review. The Request for Authorization was not submitted for review to include the date that treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT 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 MTUS: ACOEM GUIDELINES 2ND EDITION, NECK AND UPPER BACK, 177

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, MRIs (magnetic resonance imaging).

Decision rationale: The request for a repeat MRI of the cervical spine is non-certified. The California MTUS/ACOEM Practice Guidelines state special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the clinical it was noted the injured worker had diminished sensation and biceps weakness, with positive compression sign. However, it was unclear if the injured worker had these symptoms since last MRI was performed. There was lack of evidence of significant changes suggestive of significant pathology within the documentation. In addition, there was lack of documentation of conservative care. Furthermore, the prior MRI was not submitted for review in the documentation. Therefore, based on the documentation provided, the request for a repeat MRI of the cervical spine is non-certified.