

Case Number:	CM14-0133043		
Date Assigned:	08/22/2014	Date of Injury:	06/24/2005
Decision Date:	11/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 patient is a 50 year old male who was injured on 06/24/2005. He sustained this injury with a twist and fall. Prior treatment history has included cervical fusion in 2010 and right rotator cuff repair in 2005. Prior medication history included marijuana, tramadol, hydrocodone, aspirin, codeine, duloxetine HCL, and tapentadol HCL. Office visit 07/28/2014 states the patient presented with persistent pain located in the upper back, middle back, low back, arms, legs and neck. The pain radiates to bilateral lower extremities. He rated his pain as 9/10 without medications and 8/10 with medications. On exam, cervical spine range of motion revealed painful AROM lateral flexion at 15 degrees bilaterally; extension at 15 degrees; flexion at 30 degrees; rotation to 15 degrees bilaterally. He had pain with facet loading maneuvers and tenderness over the trapezius, and pericervical. The patient was diagnosed with failed back syndrome of the cervical spine and was recommended for further MRI of the neck/spine without dye. A MRI of the neck/spine w/o and w/dye was done on 08/26/2011. Prior utilization review dated 08/12/2014 states the request for MRI of the neck spine without dye is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the neck spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging recommends MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review of the medical documents does not indicate that the patient had a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There were no neurological deficits on physical examination. It is unclear if a MRI of neck/spine ordered on 08/26/2011 was completed. Based on the Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging guidelines and criteria as well as the clinical documentation stated above, the request is NOT medically necessary.