MAXIMUS Federal Services

Case Number:	CM14-0134837		
Date Assigned:	08/27/2014	Date of Injury:	03/07/2013
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 and 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 injured worker is a 32-year-old female who reported injury on 03/07/2013. The mechanism of injury is due to repetitive, continuous work duties. The injured worker has a diagnosis of cervical herniated nucleus pulposus and bilateral carpal tunnel syndrome. Past medical treatment consists of physical therapy, epidural steroid injection (ESI), and medication therapy. Medications include Tramadol, Baclofen rub, and Flurbiprofen/Gabapentin/Lidocaine rub. Magnetic resonance imaging (MRI) obtained on 06/10/2013 revealed multilevel degenerative disc disease at the C5-6 and C4-5 levels with central stenosis. An electromyography (EMG) dated 03/19/2014 revealed that there was no evidence of cervical radiculopathy or knee or ulnar or radial nerve neuropathy. On 08/12/2014 the injured worker complained of neck, arm, and elbow pain. Examination revealed the cervical spine was tender to palpation. It was tender over the spinous process and interspace C6-7. Examination of the cervical facet revealed pain in the C6-7 region. Range of motion was limited in all directions secondary to increased pain. Examination also revealed paraspinal spasms. Treatment plan is for the injured worker to undergo a repeat MRI of the cervical spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI C-spine: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Repeat magnetic resonance imaging (MRI) of the cervical spine is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, psychological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Psychological evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory testing, or bone scans. Given the above, the injured worker is not within the ACOEM/MTUS Guidelines. The submitted report did not indicate whether the request was emergence of a red flag. Furthermore, there was no evidence of psychological tissue insult or neurologic dysfunction. Additionally, the submitted reports lacked any indication of failure to progress in a strengthening program. There was also no indicating if the injured worker was going to be undergoing any invasive procedures. As such, the request for repeat magnetic resonance imaging (MRI) of the cervical spine is not medically necessary.