MAXIMUS Federal Services

Case Number:	CM14-0150301		
Date Assigned:	09/18/2014	Date of Injury:	07/28/2008
Decision Date:	11/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 has a subspecialty in Pain 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 injured worker is a 34 year-old individual with a date of injury of 7/28/2008. The patient's industrially related diagnoses include chronic low back pain, lumbar radiculopathy, chronic neck and upper back pain, fibromyalgia, and cervical radiculopathy. The patient has had conservative therapy with acupuncture, chiropractic, epidural steroid injections, medial branch blocks, and rhizotomy. The disputed issue is a request for MRI of the cervical spine. A utilization review determination had noncertified this request. The stated rationale for the denial was that the patient "is not presented as having neurologic dysfunction nor as a surgical candidate at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator 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, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation the requested cervical MRI is not medically necessary.The patient is amenable to interventional options at this time, and this is cited in a progress note in August 2014 as the main reason for obtaining repeat imaging at this juncture. However, even though prior epidural steroid injections were mentioned, there is no mention of the efficacy of prior injections. Without this information, one cannot ascertain whether repeat epidural steroid injections or interventional procedures are warranted. Furthermore, there is no submission of the prior cervical MRI and commentary on how those findings would not be able to explain the present day deficits on exam that have been documented. Therefore, despite the documentation of continued abnormality on physical exam (which has been stable in the last 6 months since the note from February 2014), the lack of commentary on the most recent MRI and the failure to document prior efficacy of spine injections make it unclear as to how a repeat MRI would affect the present treatment plan. The repeat cervical MRI is not medically necessary.