

Case Number:	CM14-0151190		
Date Assigned:	09/19/2014	Date of Injury:	01/06/2003
Decision Date:	11/13/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal 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 (IW) is a 58-year-old man with a date of industrial injury of January 6, 2003. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated May 27, 2014, presented primarily with mid and low back pain. This included muscle pain, spasms, and some intermittent shooting pains. He denies any radicular symptoms. The IW was diagnosed with Lumbar stenosis and disc protrusion. There were no specific detailed objective physical examination findings that were listed with the treatment plan. Documentation indicated that the IW received an L1-L2 epidural steroid injection on May 14, 2014 indicated for L3-L3 stenosis and disc protrusion. Current medications were not documented in the medical record. The treatment plan included consideration of repeat epidural steroid injections, possible gym membership to help maintain his current condition, and MRI of the cervical spine. There is no documentation with respect to the reason why the cervical spine MRI is indicated. Last documentation regarding cervical spine etiology was July 16, 2009 that indicated bilateral trapezii tenderness, and tenderness of the bilateral occiput.

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 without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck complaints; Magnetic Resonance Imaging

Decision rationale: Pursuant to the Official Disability Guidelines, the MRI of the cervical spine without contrast is not medically necessary. The guidelines enumerate the criteria required for ordering imaging studies. These include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In this case, there was no medical documentation in the medical record to support why the cervical spine MRI without contrast was being requested. There were no detailed objective physical findings on examination referencing the cervical spine (other than tenderness in an earlier progress note). There was no objective evidence of neurologic deficit or objective changing or worsening neurologic conditions or the emergence of any new red flags occurring in the cervical spine to support the need for an MRI of the cervical spine. The medical record did not contain evidence of any previous treatment rendered in the cervical spine area. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines the MRI cervical spine without contrast is not medically necessary.