MAXIMUS Federal Services

Case Number:	CM14-0157283		
Date Assigned:	09/30/2014	Date of Injury:	07/30/2003
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 47 year-old male who was injured on 7/30/03. He suffered cervical, thoracic, right elbow pain from a fall that resulted in head trauma, cervical fracture/dislocation at C6-C7. He had incomplete C6 quadriplegia resulting in C5 to T1 posterior fusion with iliac crest autograft which was performed on 8/13/03. His diagnoses included status post C5-T2 posterior cervical fusion, C6 incomplete quadriplegia post C6-C7, fracture, dislocation, neurogenic bowel, neurogenic bladder, low back pain, and cervical radiculopathy. His treatment also included epidural steroid injections, sacroiliac joint injections, stellate ganglion blocks, medications, and physical therapy. His medications include clonazepam, omeprazole, Nucynta ER, and Lunesta.The patient continues with functional impairment and pain. The request is for a repeat lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back> <MRIs>

Decision rationale: The request for a repeat MRI is medically unnecessary. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. According to the chart, the patient continues with pain, worsening lower extremity numbness but no clearly documented dermatome, and continued neurogenic bowel and bladder. In the chart, there were no copies of the most recent lumbar MRI report to review to compare current signs and symptoms with prior imaging findings. There weren't significant changes in symptoms that were clearly correlated with exam findings that would suggest a specific nerve root compromise. Therefore, the request is considered not medically necessary.