

Case Number:	CM14-0027643		
Date Assigned:	06/20/2014	Date of Injury:	09/15/1999
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Texas 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 72 year old female whose date of injury is 09/15/1999. The mechanism of injury is not described, but the injured worker is noted to be status post anterior cervical discectomy and fusion (ACDF) C6-7. A handwritten progress note dated 02/06/14 is mostly illegible, but indicates that the injured worker notes increased neck pain. Progress report dated 09/09/13 reflects that the injured worker continues to have neck and low back pain with lue radicular pain. Objective findings noted positive C6 dermatome; positive left upper extremity radiculopathy; positive spasm; positive Spurling's.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: Current evidence-based guidelines provide that repeat MRI is not routinely recommended, and should be reserved for cases in which there is a significant change in symptoms or progressive neurologic deficit or findings suggestive of significant pathology such as tumor, infection, fracture. The injured worker presents with subjective complaints of neck and left upper extremity pain; however, there is no objective evidence of progressive neurologic deficit. The injured worker's physical examinations in the past have noted findings in a C6 distribution as well as positive Spurling's. based on the clinical information provided for review, repeat MRI of the cervical spine is not recommended as medically necessary.