

Case Number:	CM14-0028030		
Date Assigned:	06/16/2014	Date of Injury:	01/04/2007
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 Louisiana. 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 patient is a 49 year old male who was injured on 01/04/2007. The patient sustained an injury after he loaded a pallet and it fell on top of him. When he fell, he was struck by boxes. Conservative treatments included physical therapy and injections. MRI of the cervical spine dated 02/21/2014 revealed a C3-4, 3 mm central focal disc protrusion contacting the cord, postural changed and a 0.4 mm central focal disc protrusion at C5-6 contacting the cord. On physician's progress report dated 01/28/2014, the patient complained of low back pain that is sharp, stabbing pain radiating into his legs when he climbs stairs, running, pulling, standing, lifting and walking, etc. On exam, he has difficulty moving from a sitting position to a standing position, difficulty turning his head, arm gesturing and sitting in a chair for a prolonged time. His range of motion revealed flexion to 35; extension to 40; bilateral lateral flexion to 30; and bilateral rotation to 60. He had positive cervical distraction of the cervical spine and positive maximal foraminal compression test and shoulder depression. Diagnoses are lumbar spine HNP with radiculopathy and instability and cervical spine spondylolisthesis with instability. Prior utilization review dated 02/05/2014 denied the request for MRI of the cervical spine medical necessity for a repeat MRI has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: 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 ODG, Neck, MRI.

Decision rationale: Official Disability Guidelines states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records reviewed do not indicate the patient has had such change that would warrant a new MRI. This request is not medically necessary.