

Case Number:	CM14-0032063		
Date Assigned:	06/20/2014	Date of Injury:	08/23/2006
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 46 year old male who sustained an injury to his neck on 08/23/06. Magnetic resonance imaging (MRI) of the cervical spine revealed C3-4 right paracentral herniation and a C4-5 stenosis; these 2 levels of stenosis at C3-4 and C4-5 are the adjacent levels above a prior C5 through C7 fusion. Physical examination noted some point tenderness over the right posterior superior iliac spine area which is consistent with the site of his iliac crest bone graft. Strength is full in the bilateral upper/lower extremities. The injured worker noted some right arm numbness and tingling with coolness in his fingertips. A repeat MRI was performed on 07/22/13 that revealed little/no significant change from the previous study from 10/04/10.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The request for a magnetic resonance imaging (MRI) of the cervical spine is not medically necessary. The previous request was denied on the basis that neurologic exam showed full strength; the injured worker had a recent 2013 MRI performed and this was compared with the prior MRI from 2010. Although the injured worker has persistent pain, there were clinically no significant changes documented; therefore, a repeat MRI would not be necessary to monitor findings on previous recent MRI in the absence of a clinically significant change in pathology. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given the above and Official Disability Guidelines request for an MRI of the cervical spine is not medically necessary.