MAXIMUS Federal Services

Case Number:	CM14-0033547		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2010
Decision Date:	09/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Arizona. 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 48 year old with a date of injury on 6/24/2010. Diagnoses include closed head trauma, cervical sprain, disc protrusion and C7 radiculopathy, bilateral shoulder adhesive capsulitis, shoulder dislocation, lumbar sprain, and L5 radiculopathy. Subjective complaints are of headaches, pain and stiffness in the cervical spine, lumbar and thoracic spine pain, and bilateral shoulder and arm pain. Physical exam of the cervical spine showed tenderness with limited range of motion. Upper extremities had 2/5 strength bilaterally. Cervical MRI from 6/20/2011 showed C4-5 and C6-7 disc protrusions with annular tear and neuroforaminal stenosis. Medications include Trazodone, Omeprazole, Flexeril and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp ,18th Edition, 2013: Neck and Upper Back; Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, MRI.

Decision rationale: California MTUS supports a cervical MRI for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms. This patient's documentation did not suggest progressive cervical neurologic signs, and did not show evidence of "red flag" conditions. Furthermore, there is no history of interval injury since the prior study was performed. Therefore, the medical necessity of a cervical MRI is not established.