

Case Number:	CM14-0061917		
Date Assigned:	07/11/2014	Date of Injury:	03/22/2009
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 50-year-old patient with a March 22, 2009 date of injury. The mechanism of injury was dealing cards; the notes report chronic pain, starting on April 30, 1986. A 5/14 visit revealed limited cervical ROM (range of motion), and tenderness over the trapezius/paravertebrals equally. Shoulder depression test was positive, and Spurling's test was positive on the left. Strength was 5/5 bilaterally. Sensation was 4/5 on the left at C5, C6, C7 and C8, and 5/5 on the right at C5, C6, C7 and C8. DTR's were 2+ bilaterally at the brachioradialis and triceps. There was limited ROM at the lumbar spine and tenderness over the paraspinals equally. Kemp's test was positive bilaterally. Straight leg raise test was positive on the left at 70 degrees to posterior thigh. Strength and sensation were 4/5 on the left at L4, L5 and S1; and 5/5 on the right at L4, L5 and S1. DTR's were 2+ bilaterally at patellar and Achilles tendons. Diagnostic impression: Cervical strain with radiculitis, R/O radiculopathy vs neuropathy and Chronic lumbar sprain/strain with radiculitis. Treatment to date: medication management, physical therapy and home exercise program. A UR decision dated April 16, 2014 denied the request for MRI Cervical Spine. The basis for the decision was the pain was chronic and there had been no new injury documented since the initial cervical MRI. That MRI showed a bulging disc at C5-6, and mild foraminal stenosis. EMG was negative for radiculopathy.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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 Chapter, MRI.

Decision rationale: CA MTUS does not specifically address this issue. ODG do have recommendations regarding repeat MRI testing. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). However, there was no documentation of any significant changes in the patient's condition that would warrant repeat imaging. Therefore, the request for MRI of cervical spine is not medically necessary or appropriate.