

Case Number:	CM14-0066259		
Date Assigned:	07/11/2014	Date of Injury:	04/28/1995
Decision Date:	10/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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 Interventional Spine and is licensed to practice in California. 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 65 years old female with an injury date on 04/28/1995. Based on the 04/09/2014 progress report provided by [REDACTED], the diagnoses are: Cervical disc disease; Lumbar disc disease; Bilateral wrist synovitis/sleep disorder. According to this report, the patient complains of neck and lower back pain. MRI of the cervical spine shows "multilevel 1.5-2 mm protrusion. Lumbar MRI shows multilevel 2-3mm protrusion." MRI reports of the cervical and lumbar spine was not included in the file for review. Physical exam findings were not included in the reports provided. There were no other significant findings noted on this report. The utilization review denied the request on 04/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/31/2013 to 05/07/2014.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications for imaging -- MRI (magnetic resonance imaging):

Decision rationale: According to the 04/09/2014 report by [REDACTED] this patient presents with neck and lower back pain. The treating physician is requesting a repeat MRI of the cervical spine as the previous MRI was in 2010. Regarding repeat MRI's, ODG guidelines states, "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)." Review of the reports from 07/31/2013 to 05/07/2014 shows no discussion to why the patient needs a repeat MRI of the cervical spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of the cervical spine is not in accordance with the guidelines. Recommendation is that the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols), Indications for imaging -- MRI (magnetic resonance imaging).

Decision rationale: According to the 04/09/2014 report by [REDACTED] this patient presents with neck and lower back pain. The treating physician is requesting a repeat MRI of the lumbar spine as the previous MRI was in 2010. Regarding repeat MRI study, ODG states "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)." Review of the reports from 07/31/2013 to 05/07/2014 shows no discussion to why the patient needs a repeat MRI of the lumbar spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of lumbar spine is not in accordance with the guidelines. Recommendation is that the request is not medically necessary.