

Case Number:	CM14-0079620		
Date Assigned:	07/18/2014	Date of Injury:	04/03/2009
Decision Date:	09/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

This is a patient with a date of injury of 4/3/09. A utilization review determination dated 5/22/14 recommends non-certification of MRI neck spine, noting that the request is for a repeat study. 4/1/14 medical report identifies 6/10 right shoulder pain and cervical pain with right greater than left upper extremity symptoms. Patient has failed 3 epidural steroid injections (ESIs) and inquires regards to MRI of the cervical spine for further evaluation. There is also 6/10 bilateral wrist/hand pain. On exam, there is tenderness of the shoulder with positive impingement signs and weakness with abduction, tenderness of the cervical spine with limited ROM due to pain, neurologic evaluation is unchanged, and spasm is noted. Recommendations include MRIs of the right shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine w/o dye: 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 Official Disability Guidelines (ODG) Neck Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI cervical spine w/o dye, California MTUS does not specifically address repeat MRIs. ODG cites that 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). Within the documentation available for review, there is no documentation of any red flags, abnormal neurological exam findings suggestive of radiculopathy, and/or a significant change in symptoms and/or findings suggestive of significant pathology as noted above. In light of the above issues, the currently requested MRI cervical spine w/o dye is not medically necessary.