

Case Number:	CM14-0079965		
Date Assigned:	07/18/2014	Date of Injury:	03/26/2001
Decision Date:	09/09/2014	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 Occupational Medicine 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 55 year old male who was injured on 03/26/2001. The mechanism of injury is unknown. Prior treatment history has included cortisone injectons. Diagnostic studies reviewed include x-rays of the lumbar spine dated 04/21/2014 demonstrated solid appearing L5/S1 fusion with diffuse mild degenerative disk disease. Cervical spine x-rays dated 04/21/2014 revealed solid appearing fusion at C5-6 with degenerative disk disease at C4-5 and C6-7. Progress report dated 04/21/2014 documented the patient to have complaints of neck pain and low back pain. He reported his neck pain is worse than back pain. Objective findings on exam revealed straight leg raise is negative bilaterally as well as Bowstring. He can heel-to-toe walk bilaterally. There is tenderness noted at the cervical and lumbar tenderness. The cervical spine revealed decreased range of motion to 20%. The right shoulder revealed decreased range of motion as well. The patient is diagnosed with ACDF, ALDF, right shoulder surgery, CRPS, and depression. Prior utilization review dated 05/22/2014 states the request for MRI Cervical Spine is denied as medical necessity has not been established.

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) Treatment Guidelines Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck, Magnetic Resonance Imaging.

Decision rationale: This is a request for repeat cervical MRI for a 55 year old male injured on 3/26/01 with chronic neck pain status post C5-6 fusion. However the patient had a cervical CT myelogram and cervical MRI within the past year. Subsequently, there has been no significant change in symptoms or examination findings suggestive of significant pathology. There are no signs of cervical radiculopathy or other red flag conditions on examination. Medical necessity for repeat cervical MRI is not established. Therefore, this request is not medically necessary.