MAXIMUS Federal Services

Case Number:	CM14-0080070		
Date Assigned:	07/18/2014	Date of Injury:	01/27/2011
Decision Date:	09/26/2014	UR Denial Date:	05/19/2014
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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 71-year-old male whose date of injury was 1-27-2011 whereby he was involved in a rear end motor vehicle accident. He subsequently developed severe neck pain radiating to the upper extremities and lower back pain radiating to the lower extremities. He's been treated with pain medication and water therapy. His physical exam has revealed diminished range of motion in the cervical spine, tenderness and spasm of the paracervical neck muscles, and altered sensory perception of the C5/C6 and C6/C7 dermatome regions. An MRI scan of the cervical spine revealed moderate spondylosis and disc space narrowing and spinal stenosis at several vertebral levels. The date of that scan was January 30 of 2013. On 5-1-2014 the injured worker was referred to a surgeon, however the surgeon's office has requested a repeat MRI scans of the neck and back because the information available is over one-year-old.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Neck and Upper Back, <MRI Imaging>.

Decision rationale: According to the guidelines MRI image cervical spine is indicated with chronic neck pain (= after 3 months conservative treatment) when radiographs normal and neurologic signs or symptoms present, neck pain with radiculopathy if severe or progressive neurologic deficit, chronic neck pain and radiographs show spondylosis, neurologic signs or symptoms present, chronic neck pain when radiographs show old trauma and neurologic signs or symptoms are present, chronic neck pain and radiographs show bone or disc margin destruction, suspected cervical spine trauma with neck pain when clinical findings suggest ligamentous injury (sprain) and radiographs and/or CT normal, or known cervical spine trauma with equivocal or positive plain films and neurological deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation).In this instance, there does not appear to be a significant change in symptoms or physical exam findings since the original date of injury. Therefore, since a cervical MRI scan has already been completed, a repeat MRI without contrast, Cervical Spine, is medically unnecessary.