

Case Number:	CM14-0080205		
Date Assigned:	07/18/2014	Date of Injury:	11/13/1991
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
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 injured worker is a female with date of injury 11/13/1991. Per family medicine progress noted dated 3/19/2014, the injured worker complains of abdominal pain, constipation, knee and hip pain, and "my mood is terrible". Physical examination is notable for neck pain. Diagnoses include 1) psoriasis 2) osteoarthritis bilateral knees 3) myalgia 4) constipation 5) neck pain 6) headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Magnetic Resonance Imaging of the 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requesting physician reports that MRI of cervical spine is for chronic headaches and cervical spine pain. Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence or a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. An

MRI is not likely to provide a benefit for the injured worker in her present condition and treatment plan. The injured worker sustained her injury 23 years ago, and there is no indication that she has had a new injury resulting in nerve impairment. The request for repeat magnetic resonance imaging of the cervical spine is determined to not be medically necessary.