

Case Number:	CM14-0188079		
Date Assigned:	11/18/2014	Date of Injury:	06/25/2012
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 & 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:

The patient is a 54 year old male with date of injury 06/25/12. The treating physician report dated 08/18/14 indicates that the patient presents with pain affecting his neck and lower back. The physical examination findings reveal neck posterior tenderness, which is exacerbated by extension of his neck. Lumbar spine diffuse lower lumbar tenderness. Extremities motor 5/5 in upper and lower extremities sensation intact to light touch in upper and lower extremities, DTRs 2+ and symmetrical in the upper and lower extremities. MRI of the cervical spine was completed in February 2014, with results pending at this time. The current diagnosis is multilevel cervical degenerative disc disease with right paracentral disc herniation. The utilization review report dated 11/04/14 denied the request for MRI based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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

Decision rationale: The patient presents with neck and lower back. The current request is for MRI to the cervical spine. The treating physician states in the 9/12/14 report that the MRI performed on 1/30/14 showed multilevel cervical degenerative disc disease with right paracentral disc herniation with associated severe foraminal stenosis. The ODG guidelines for cervical MRI supports MRI and for repeat MRI it states, "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, recurrent disc herniation)." In this case, the medical records provided did not document any significant change in the patient's condition and there is no mention of any red flags that would require a repeat MRI. The MRI scan that was performed 7 months prior provides documentation of the patient's cervical disc findings and there has been no new traumas or diagnoses provided to give any clinical rationale for a repeat MRI. The current request is not medically necessary.