

Case Number:	CM14-0188631		
Date Assigned:	11/19/2014	Date of Injury:	01/13/2006
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
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 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 52 year old female with a work related neck and low back injury dated 01/13/2006, which occurred when she was involved in a take down with a juvenile offender. According to a pain medicine re-evaluation dated 10/10/2014, the injured worker presented with complaints of neck and low back pain. Related diagnoses included cervical radiculopathy. Treatments have consisted of bilateral L5-S1 transforaminal epidural steroid injection on 11/15/2012 with reported 50% overall improvement for 2 months duration. The injured worker reported the use of Transcutaneous Electrical Nerve Stimulation unit as being helpful and was used several times per day for over 10 months. And lastly, the use of muscle relaxants and non-steroidal anti-inflammatory drugs helped with functional improvement including bathing, sitting, standing and writing. An orthopedic note dated 08/21/2014 states that additional physical therapy apparently has been denied by the insurance carrier, but no other notes confirming that the injured worker underwent any physical medicine treatment. Diagnostic testing noted on an orthopedic note dated 09/26/2014 included cervical spine x-rays on 08/21/2014 which showed a decrease in the normal cervical lordosis and moderately severe degenerative disc disease at C4-5 and C5-6. MRI of the cervical spine performed on 08/01/2012 showed a 3mm disc protrusion at C5-6 and C4-5 with left side C4-5 nerve root impingement with evidence of degenerative disc disease. Work status is noted as currently not working and officially retired in November 2013. On 10/30/2014, Utilization Review non-certified the request for MRI Cervical Spine citing Official Disability Guidelines for Neck and Upper Back regarding Magnetic Resonance Imaging (MRI). The Utilization Review physician stated that the medical records do not document any significant change or suggestive findings of significant pathology and do not clearly provide a rationale for a repeat cervical MRI imaging. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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 ODG for Neck and Upper Back regarding Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online Neck and Upper Back chapter

Decision rationale: The patient presents with pain affecting her neck and low back. The current request is for magnetic resonance imaging (MRI) Cervical Spine. The treating physician's reported dated 09/26/2014 states that an MRI was performed on 08/01/2012 which showed a 3mm disc protrusion at C5-6 and C4-5. The treating physician does not suggest that there has been a significant change indicative of pathology or that any red flags are present. The Official Disability Guidelines (ODG) guidelines for cervical MRI and for repeat MRI state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case the treating physician has failed to provide any rationale for this request and the medical records do not demonstrate that there has been a significant change in symptoms or signs of significant pathology. Treatment is not medically necessary.