

Case Number:	CM14-0195512		
Date Assigned:	12/03/2014	Date of Injury:	01/11/2014
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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 50-year-old female with a date of injury of January 11, 2014 at which time she fell down the stairs. She has complained of persistent neck pain radiating down the right upper extremity with numbness and tingling, low back pain with lower extremity radiation, and bilateral knee pain. An MRI scan of the cervical spine from March 13, 2014 revealed disruption of cervical lordosis with minimal cervicothoracic scoliosis, 1 mm lumbar disc bulges at C4-C5 and C5-C6, a 1-2 mm disc bulge at C6-C7, and prominent peri-neural sleeve cysts at C7-T1. There was no spinal canal or neural foramina of stenosis and no facet hypertrophy. The physical exam has revealed diminished cervical range of motion, tenderness to palpation of the trapezius and paracervical musculature, and at times a normal neurologic exam and at other times diminished sensation of the C4-C5, C5-C6, and C6-C7 dermatomal regions. Spurling's test has been negative and the upper extremity strength and reflexes have been normal. The diagnoses include cervicalgia, brachial neuritis/radiculitis, and a torn left medial meniscus. The orthopedic medical examiner felt that the upper extremity neurologic exam was normal on September 2, 2014 but recommended electrodiagnostic studies of the upper extremities because of persistent radicular complaints. On 10/15 /2014 a pain management physician also found a normal neurologic exam but nonetheless ordered an MRI scan of the cervical spine. That physician does not reference the MRI scan already completed on March 13, 2014. At issue is a request for a repeat MRI scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Repeat MRIs

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, Magnetic resonance imaging (MRI)

Decision rationale: Per the Official Disability Guidelines, a repeat cervical 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 instance, the injured worker does not have a change in her symptoms or physical exam from the time which approximated her initial cervical MRI, 8 months prior to this request. Therefore, a repeat MRI of the cervical spine is not medically necessary.