

Case Number:	CM14-0196321		
Date Assigned:	12/04/2014	Date of Injury:	09/17/2009
Decision Date:	02/25/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 50 year-old male with a 9/17/2009 date of injury. According to the 10/21/14 orthopedic report, the patient presents with 7/10 intermittent neck and right shoulder pain. The patient failed a cervical ESI on 9/17/14 at the right C4/5 level. The prior cervical MRI series included flexion/extension studies. The orthopedist requests an updated MRI of the cervical spine because the prior studies are over 1-year old. On 11/06/2014 utilization review denied a request for repeat cervical MRI noting that the prior MRI was on 8/8/2013 and there was no discussion to substantiate a repeat study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Opioids Page(s): 22, 64, 68, 75, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back - 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) Neck and Upper Back, MRI

Decision rationale: The orthopedist notes the prior cervical flexion/extension MRI from 8/08/13 showed spinal stenosis and requested a repeat MRI on 10/21/14 because it was over a year old. The MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The ODG-TWC Neck and Upper Back section, under MRI states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro-compression, recurrent disc herniation)." The available medical records do not provide unequivocal findings that identify specific nerve compromise. There is no reported significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with MTUS/ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. The request for Repeat cervical MRI is not medically necessary.