

Case Number:	CM14-0200361		
Date Assigned:	12/10/2014	Date of Injury:	08/18/1999
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 8/18/99. A utilization review determination dated 11/14/14 recommends non-certification of MRI. 10/24/14 medical report identifies an exacerbation of low back pain 7/10 and increased neck pain 6/10. There is no extremity involvement. On exam, there is mild torticollis to the left, head compression sign positive, Spurling's maneuver positive to the left, tenderness and muscle spasm, limited ROM, weakness of biceps, wrist extensor, wrist flexors, finger flexors, and thumb opposition, decreased sensation dorsum of the hand, volar aspect of the forearm, and palm, lumbar tenderness, spasm, limited ROM, and positive SLR. Updated MRIs are requested to evaluate for changes since the last MRI was five years earlier.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 182, 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck & Upper Back

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 Low Back Chapters, MRI

Decision rationale: Regarding the request for MRIs, the California MTUS does not specifically address repeat MRIs. Official Disability Guidelines states that 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). Within the documentation available for review, the patient is noted to have a recent exacerbation of neck and back pain, but it is localized and does not involve the upper or lower extremities. There are no red flags and the exam findings do not appear to correlate with any specific nerve root distribution(s). No clear indication for repeat MRIs is presented. In the absence of such documentation the requested MRIs are not medically necessary.