

Case Number:	CM15-0003174		
Date Assigned:	01/14/2015	Date of Injury:	06/11/2012
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 06/11/2012. The mechanism of injury was not provided. Her diagnoses include cervicogenic syndrome with protrusions at C4-5, L2-3, and L4-5 protrusion/extrusion, and bilateral type 2 acromion with subacromial tendinitis and impingement syndrome. Past treatment was noted to include a home exercise program, topical medications, and physical therapy. An MRI was performed on an unspecified date which revealed cervicogenic syndrome with protrusions at C4-5, and protrusion/extrusions at L2-3 and L4-5. On 12/03/2014, it was indicated the injured worker had complaints of neck pain that she rated 8/10. She indicated her pain radiated to her bilateral upper extremities with associated numbness and tingling. Upon physical examination, it was indicated the injured worker had "mild improvement in range of motion with physical therapy." Medications were not included in the report. The treatment plan was noted to include MRI of the cervical spine and conservative therapy. A request was received for MRI of cervical spine without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: According to the Official Disability Guidelines, repeat MRIs should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review did not indicate significant change in symptoms and/or findings suggestive of significant pathology. Consequently, the request is not supported by the evidence based guidelines. As such, the request for MRI of cervical spine is not medically necessary.