

Case Number:	CM15-0008185		
Date Assigned:	01/30/2015	Date of Injury:	11/05/2008
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii

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 53 year old female who sustained a work related injury on November 5, 2008. There was no mechanism of injury documented. The injured worker was diagnosed with post-laminectomy syndrome (no date of surgery) cervical spine, chronic pain syndrome, and myofascial pain syndrome of the cervical spine. According to the primary treating physician's progress report on October 16, 2014 the patient continues to experience chronic neck, left shoulder and left arm pain described as burning, throbbing and sharp. Current medications include Norco, OxyContin, Gabapentin, Trazadone, Zanaflex and Ambien. Current treatment modalities consist of transcutaneous electrical nerve stimulation (TEN's) and medication. The treating physician requested authorization for magnetic resonance imaging (MRI) of the cervical spine. On January 5, 2015 the Utilization Review denied certification for magnetic resonance imaging (MRI) of the cervical spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRI of the Cervical Spine

Decision rationale: The patient presents with pain affecting the left shoulder and cervical spine. The current request is for MRI of the Cervical Spine. The treating physician states: Patient has R.S.D. so at this time she needs to have a new MRI of cervical spine because she's getting a trial spinal cord stimulator put in we will submit RFA for approval. (32D) The reviewing physician documented that there was a MRI done in 2011 which showed C5-6 severe disc narrowing but the report was not provided for this review. The 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, in the records available for review, did not provide documentation as to why the patient is receiving a spinal cord stimulator or that the patient has had any significant changes in symptoms. The current request is not medically necessary and the recommendation is for denial.