

Case Number:	CM15-0102601		
Date Assigned:	06/05/2015	Date of Injury:	06/06/2012
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/28/2015

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

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

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 52 year old male, who sustained an industrial injury on 6/6/12. The injured worker has complaints of pain in the neck and low back and pain in the right knee, both shoulders and both elbows. The documentation noted there is 3+ tenderness over the paraspinal muscles, trapezius and parascapular muscles bilaterally. Right elbow reveals 2+ tenderness over the lateral epicondyle. The diagnoses have included cervical spine discopathy; lumbar spine discopathy and right carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 7/5/12 noted anterior spondylotic changes at multiple spinal levels; nerve conduction study on 8/22/12 had a clinical diagnosis of cervical radiculopathy versus peripheral neuropathy and electromyography impression showed a pattern consistent with a right L5, S1 (sacroiliac) radiculopathy. The request was for open magnetic resonance imaging (MRI) of the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. ODG cites that repeat MRI is not routinely recommended unless there is a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient has been evaluated with MRI and electrodiagnostic testing in the past. There is no current documentation of any red flags, significant change in symptoms/findings suggestive of significant new or progressive pathology, or another clear rationale for repeating MRI testing. In the absence of such documentation, the requested cervical MRI is not medically necessary.

Open MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not address repeat imaging. ODG cites that repeat MRI is not routinely recommended unless there is a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient has been evaluated with MRI and electrodiagnostic testing in the past. There is no current documentation of any red flags, significant change in symptoms/findings suggestive of significant new or progressive pathology, or another clear rationale for repeating MRI testing. In the absence of such documentation, the requested lumbar MRI is not medically necessary.