

Case Number:	CM15-0109337		
Date Assigned:	06/16/2015	Date of Injury:	07/16/2008
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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 54 year old female, who sustained an industrial injury on 7/16/08. The injured worker has complaints of cervical spine pain, neck pain across upper back and arms. The documentation noted that there is positive tenderness and spasm at the paracervicals with limited range of motion. The diagnoses have included cervical strain/sprain; lumbar strain/sprain; right shoulder impingement, status post arthroscopic surgery; bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release and oblique pulley stenosis right thumb, status post trigger finger release. Treatment to date has included butrans patch; gabapentin; norco; tramadol and injections. The request was for magnetic resonance imaging (MRI) of the cervical spine. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Magnetic resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Neck, MRI.

Decision rationale: The patient presents with pain affecting the cervical spine and neck with radiation into the upper back and bilateral upper extremities. The current request is for 1 MRI of the cervical spine. The majority of the primary treating physician reports provided are partially illegible. The treating physician report dated 4/28/15 (27C) notes that the physician is requesting an updated MRI of the cervical spine to rule out worsening herniated nucleus pulposus. A report dated 3/30/15 (37C) states, "needs cervical MRI to evaluate for spinal cord compression as etiology of symptoms if electrodiagnostic tests unrevealing." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding MRIs of the cervical spine: "Not recommended except for indications list below." The guidelines go on to state, "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)." The treating physician report dated 4/28/15 is requesting an "updated" MRI of the cervical spine, but the previous MRI report was not provided for review. In this case, the patient has received at least 1 prior MRI of the cervical spine, although the date of the MRI is unknown. There was no rationale by the physician in the documents provided that suggests the patient's symptoms or pathology has dramatically changed since the patient's last MRI. The current request is not medically necessary as repeat MRIs are only supported by the ODG guidelines if there is documentation of a significant change in symptoms or pathology. The current request is not medically necessary.