

Case Number:	CM15-0132442		
Date Assigned:	07/20/2015	Date of Injury:	09/19/2011
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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

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 49 year old male who sustained an industrial /work injury on 9/19/11. He reported an initial complaint of back and neck pain. The injured worker was diagnosed as having scoliosis, kyphoscoliosis, thoracic degenerative disc disease, and chronic pain syndrome. Treatment to date includes medication, diagnostics, and physical therapy. MRI results of the thoracic spine were reported on 8/21/12. CT scan results of the cervical spine were reported on 9/26/11 and 8/16/13. X-ray results of thoracic and lumbar spine were reported on 8/16/13 and 9/23/11. Currently, the injured worker complained of lower back pain with radiation to bilateral lower extremities, (R>L) and numbness in both feet. There was neck stiffness with intermittent headache. Per the primary physician's report (PR-2) on 5/28/15, exam of the cervical region noted range of motion, tenderness, or motor deficit but had altered sensation to light touch in the C7-C8 distribution bilaterally. The thoracic exam revealed tenderness to palpation of the thoracic spine as well as bilateral paraspinal muscles, unable to stand up with straight with left shoulder noticeably higher and grossly limited with rotation. The lumbar exam revealed altered sensation at L3-S1 distribution bilaterally. Current plan of care included diagnostic test for evaluation of radicular symptoms. The requested treatments include cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic) - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit in a dermatomal distribution. Additionally, it appears the patient has had multiple cervical imaging studies performed previously, and it is unclear how the patient's subjective complaints and objective findings have changed since the time of the most recent cervical imaging. In the absence of such documentation the requested cervical MRI is not medically necessary.