

Case Number:	CM15-0183257		
Date Assigned:	09/24/2015	Date of Injury:	01/05/2010
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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 55 year old female, who sustained an industrial injury on 1-5-2010. The injured worker is undergoing treatment for neck pain. On 8-10-2015, she reported neck pain rated 4-10 out of 10. There is notation of cervical injections within recent months which provided no relief of her pain. She described the pain as excruciating. She is working 4 hour shifts. She indicated the pain has increased in the last 2 weeks and described experiencing stiffness and muscle spasms along with the pain. Physical examination revealed tenderness and swelling, "boggy and tense feeling" in the neck. The treatment and diagnostic testing to date has included: medications, multiple sessions of physical therapy which is noted as aggravating and inducing muscle spasms, cervical spine x-rays (8-10-15) revealed post intervention changes of the lower cervical spine in the C5 and C6 vertebral body, at the C5-6 disc space with otherwise no acute bony abnormality of the spine. Medications have included: Butalbital-apap-caffeine, Soma, Norco, and Ibuprofen. Current work status: modified duty. The request for authorization is for: magnetic resonance imaging of the cervical spine. The UR dated 8-21-15: certified retrospective request for x-rays of the cervical spine for date of service 8-10-15; and non-certified the request for magnetic resonance imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the 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 ODG, Neck, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with excruciating neck pain with stiffness and muscle spasms. The current request is for MRI (Magnetic Resonance Imaging) of the cervical spine. The treating physician states, in a report dated 08/10/15, "Requesting MRI as X-rays show area above surgical hardware with loss of disc height. Patient has chronic pain." (38B) A previous MRI of the cervical spine was performed on 06/23/13. MTUS is silent on the issue of repeat MRI's. ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician, based on the records available for review, has not documented a significant change in symptoms or findings suggestive of significant pathology. The current request is not medically necessary.