

Case Number:	CM15-0185764		
Date Assigned:	09/25/2015	Date of Injury:	02/11/2011
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 35 year old female injured worker suffered an industrial injury on 2-11-2011. The diagnoses included degenerative lumbar disc, lumbar radiculopathy, low back pain syndrome, and sacroiliac joint dysfunction. On 4-27-2015 the consultant provider reported a pattern of myelopathic weakness. He noted further, "I think that she not only injured her lower back-sacroiliac joint at the time of injury, but the nature of the injury and temporally related onset of neck pain followed by arm numbness and tingling with myelopathic weakness on her exam and by history suggested she may have sustained a cervical disc injury as well". On 7-6-2015 the treating provider reported low back pain and noted the consultant had recommended a cervical magnetic resonance imaging. Prior treatment included Flexeril, Gabapentin, Ibuprofen and Percocet. Request for Authorization date was 6-9-2015. The Utilization Review on 9-2-2015 determined non-certification for MRI spinal cord without dye (cervical spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI spinal cord without dye (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS/ACOEM Guidelines support the use of MRI of the cervical spine when there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, infection, tumor or fracture. In this case the patient has been diagnosed with chronic low back pain. There is no history of neck trauma. The provider states that due to neck pain and arm numbness and tingling temporally related to the back pain, the patient "may have sustained a cervical disc injury as well." The UR states that a request for a cervical MRI was previously approved on 5/4/2015 and it is unclear if this approval has been completed. Therefore it is unclear if this is a repeat request or a second request. The rationale for another MRI is unclear. Therefore the current request is not medically necessary or appropriate.