MAXIMUS Federal Services

Case Number:	CM15-0197799		
Date Assigned:	10/13/2015	Date of Injury:	03/28/2011
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 70 year old female with a date of injury on 3-28-11. A review of the medical records indicates that the injured worker is undergoing treatment for residuals of cervical spondylosis and spinal stenosis with left cervical facet syndrome. neck sprain, sprain of lumbosacral joint, chronic neck pain. Progress report dated 8-21-15 reports continued complaints of neck pain that occasionally radiates to the left arm. The pain is described as throbbing, burning, and occasionally aching. She continues with self procured massage with partial relief. Objective findings: normal mental status, cranial nerves 2-12 intact, 5 out of 5 motor strength, diminished pinprick sensory test level C7-8 on both upper extremities, negative Romberg, some difficulty with tandem walking, normal gait. Treatments include: medications, physical therapy and injections. Request for authorization was made for cervical MRI. Utilization review dated 10-1-15 non-certified the request.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Repeat MRI studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 3-28-11. The medical records provided indicate the diagnosis of residuals of cervical spondylosis and spinal stenosis with left cervical facet syndrome. neck sprain, sprain of lumbosacral joint, chronic neck pain. Treatments have included medications, physical therapy and injections. The medical records provided for review do not indicate a medical necessity for: Cervical MRI. The medical records indicate the injured worker had cervical MRI in the past as a result of this injury, therefore, this is a repeat MRI. The MTUS is silent on repeat MRI, but the Official Disability Guidelines does not recommend repeat MRI except if a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The medical records do not indicate the injured worker belongs to any of these categories. The request is not medically necessary.