

Case Number:	CM15-0198010		
Date Assigned:	10/13/2015	Date of Injury:	10/04/2010
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 60 year old male, who sustained an industrial injury on 10-4-10. The injured worker was diagnosed as having cervicgia and acquired spondylolisthesis. The injured worker underwent hardware removal on 5-18-15 for persistent back pain. As of the PR2 dated 8-13-15, the injured worker reports pain in his neck and lower back. The injured worker reported re-injuring his neck and lower back on 7-8-15 when he was in a motor vehicle accident and lost consciousness. Objective findings include a positive Spurling's sign on the left, "limited" cervical range of motion and tenderness over the left cervical paraspinal muscles. Treatment to date has included physical therapy for the lumbar spine, Meloxicam and Percocet. The treating physician requested a cervical MRI. The Utilization Review dated 9-10-15, non-certified the request for a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Diagnostic Criteria.

Decision rationale: ACOEM guidelines recommend imaging studies when there is physiological evidence in the form of definitive neurological findings on PE, electrodiagnostic studies, laboratory testing or bone scans and unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for cervical MRI or does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met, therefore the request is not medically necessary and has not been established.