MAXIMUS Federal Services

Case Number:	CM15-0203910		
Date Assigned:	10/20/2015	Date of Injury:	07/30/1999
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 July 30, 1999. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having depressive disorder, intervertebral disc injury, tendinitis of hand and wrist, chondromalacia of patella bilateral, headache, shoulder sprain bilateral, spinal stenosis cervical and lumbar spine and herniated nucleus pulposus of lumbar spine L5-S1. Treatment to date has included diagnostic studies, surgery, exercise, injections and medication. On April 2, 2015, the injured worker complained of headache, depression and anxiety. Handwritten objective findings were somewhat illegible. A lumbar epidural was provided on the day of exam. The treatment plan included medications, gradually increasing home exercises and a follow-up visit for psych care. A request was made for an MRI with contrast to the cervical spine. On September 24, 2015, utilization review denied a request for an MRI with contrast to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast to cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck and Upper Back (Acute & Chronic) (updated 06/25/2015).

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

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. In this case the exam notes demonstrate the injured worker has undergone a cervical fusion in 2002. However, the submitted records report only axial neck pain and do not demonstrate any objective findings suggesting a neurological deficit or failed strengthening program to warrant the request for MRI. The records do not include radiology of cervical spine x-rays. There is no documentation of red flag symptoms. Therefore the request has not met criteria set forth in the guidelines and therefore is not medically necessary.