

Case Number:	CM15-0208605		
Date Assigned:	10/27/2015	Date of Injury:	06/19/1994
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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 64 year old, female who sustained a work related injury on 6-19-04. A review of the medical records shows she is being treated for neck, bilateral shoulders, arms, wrists and hands pain. In the progress notes dated 8-7-15 and 8-18-15, the injured worker reports neck pain with radiating pain in left arm. She reports the pain level can be 9 out of 10. She reports some numbness in the left thumb and in the first web space. She reports posterior neck "pins and needles" sensation and posterior neck spasms. On physical exam dated 8-7-15, she has some numbness and pain in the metacarpal phalangeal region of the left thumb. Treatments have included home exercises, ice therapy and use of a home cervical traction unit. MRI of cervical spine dated 5-15-15 revealed "degenerative spondylosis of the cervical spine" as described in the report. "Findings are greatest at C5-6 where there is moderate canal stenosis and severe bilateral neural foraminal narrowing." The requesting provider had the MRI of cervical spine report from 3-21-14 and not this latest one. Current medications include Voltaren gel, Tylenol #3, Skelaxin and other medications. She is temporarily totally disabled. The treatment plan includes a request for a repeat MRI of the cervical spine. In the Utilization Review dated 9-29-15, the requested treatment of an MRI of the cervical spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, MRI.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for 1 MRI of cervical spine. The treating physician report dated 10/15/15 (49B) states, a new MRI has been denied and an appeal has been dictated under a separate cover. The report dated 9/18/15 (45B) notes an MRI dated 6/14/15. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding MRIs of the cervical spine: Not recommended except for indications list below. The guidelines go on to state, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient has received at least one prior MRI of the cervical spine on 6/14/15. There was no rationale by the physician in the documents provided that suggests the patient's symptoms or pathology has significantly changed since the patient's last MRI. The current request is not medically necessary as repeat MRIs are only supported by the ODG guidelines if there is documentation of a significant change in symptoms or pathology. The current request is not medically necessary.