

Case Number:	CM15-0020503		
Date Assigned:	02/10/2015	Date of Injury:	07/19/2011
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 male who sustained an industrial injury on 07/19/2011. Diagnoses include traumatic brain injury, quadraparesis, spinal stenosis and depression. A physician progress note dated 11/25/2014 documents the injured worker's symptoms may be related to foraminal stenosis. Injured worker also has cubital tunnel symptoms, questionable Double crutch syndrome. Physical therapy and buying an H-Wave may help with some temporary relief of symptoms. He is unable to use his right hand. Treatment requested is for Magnetic Resonance Imaging spinal canal & contents, with and without contrast. On 01/26/2015 Utilization Review non-certified the request for Magnetic Resonance Imaging spinal canal & contents, with and without contrast, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI spinal canal & CNTS c-/c+: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, neck - MRI.

Decision rationale: ODG guidelines support MRI of the neck when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but do not indicate any new neurologic symptoms or signs, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such the medical records provided for review do not support necessity of MRI of cervical spine congruent with ODG guidelines.