

Case Number:	CM15-0022681		
Date Assigned:	02/12/2015	Date of Injury:	10/29/2001
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, Illinois
 Certification(s)/Specialty: Internal 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:

The injured worker is a 50-year-old female who reported an injury on 10/29/2001, due to an unspecified mechanism of injury. On 01/08/2015, she presented for a follow-up evaluation regarding her work related injury. She reported neck pain, back pain and associated tingling in the hands, arms and fingers, with worsening radicular symptoms down both lower extremities and arms. She rated her pain at a 4/10 without medications and an 8/10 with medications. A physical examination showed right greater than left tenderness and spasm of the cervical and trapezius muscles. There was bilateral tenderness and spasms of the L3-5 paraspinal muscles noted, and the motor examination was 5+ and equal in regard to the upper and lower extremities. There was decreased range of motion to the cervical spine and to the lumbar spine as well. There was decreased sensation of the right lateral arm, hand and bilateral posterior thigh. She also had positive Tinel's bilaterally at both wrists and decreased sensation at the L4-5. Her gait was noted to be a limp. She was diagnosed with lumbago; thoracic neuritis or radiculitis, NOS; lumbar sprain; lumbosacral joint ligament sprain; cervical radiculopathy; spasm of the muscle; and long term use of medications. Treatment plan was for an MRI of the cervical spine. The rationale for treatment was to evaluate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Neck and Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and would consider surgery an option. The documentation provided fails to prove that the injured worker has undergone recommended conservative treatment prior to the request for a repeat MRI to support the request. Also, documentation regarding her last MRI, such as the results and her condition at the time of the previous MRI, was not provided for review. Without this information, a repeat MRI would not be supported as there is no documentation to show that she has had a significant change in symptoms. Therefore, the request is not supported. As such, the request is not medically necessary.