

Case Number:	CM15-0212581		
Date Assigned:	11/02/2015	Date of Injury:	12/11/2007
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/28/2015

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: Physical Medicine & Rehabilitation, 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:

This 56 year old man sustained an industrial injury on 12-11-2007. Diagnoses include status post cervical spine surgery and rule out lumbar herniated nucleus pulposus. Treatment has included oral medications. Physician notes on a PR-2 dated 9-29-2015 show complaints of neck pain with radiation to the right upper extremity and low back pain. Recommendations include update cervical spine MRI, updated lumbar spine MRI, Percocet, Adderall, and psychiatric evaluation and treatment. Utilization Review denied a request for cervical spine MRI on 10-15-2015.

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, Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in December 2007 and has a history of cervical and lumbar spine fusion surgeries. When seen on 07/30/15 she had a mechanical fall while walking on July 15, 2015. She had not been evaluated or had any new imaging. Trigger point injections were performed. When seen in September 2015 she was having neck pain radiating into the right upper extremity. There was a pending pain management appointment. Physical examination findings included positive cervical and compression testing. There was decreased right upper extremity sensation. She had cervical spine tenderness and spasms. Authorization was requested for an updated cervical spine MRI with contrast. For the evaluation of the patient with chronic neck pain, plain x-ray should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, there is no reported recent x-ray of the cervical spine which could include flexion and extension views to assess the status of the claimant's cervical fusion. Prior cervical spine MRI results were not reviewed for correlation with the claimant's current complaints and physical examination findings. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan. The request is not medically necessary.