

Case Number:	CM15-0031592		
Date Assigned:	02/24/2015	Date of Injury:	09/24/2002
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 53-year-old male who reported injury on 09/24/2002. The mechanism of injury was a fall from 10 feet from a ladder. The injured worker had an ACDF at C4-7 in 03/2007 and a lumbar fusion. The injured worker underwent a shoulder arthroscopy in 2004. The injured worker underwent physical therapy. The documentation of 02/27/2014 revealed the injured worker had a recent fall. The injured worker was noted to trip and fall over a mat and hit his head on a metal rack. The injured worker had pain in the posterior neck and radiation into the right and left shoulder. The injured worker was noted to be last seen in the clinic in 07/2013. The injured worker was noted to have received Norco from the emergency room physician. The physical examination revealed full grip strength bilaterally in the upper extremities and 5/5 strength in the deltoids, biceps, triceps, wrist extensors, wrist flexors and grip. Neurologically, the injured worker was stable. The treatment plan included an over the counter NSAIDS and Medrol Dosepak. The injured worker was to receive tramadol 50 mg 1 up to 4 times per day. The documentation of 01/15/2015 revealed the injured worker had a solid fusion. The physician documented the injured worker had right sided deficits including the deltoids, biceps, wrist extensor and flexor strength of 4/5. The injured worker was noted to have diagnoses of spinal stenosis cervical region. The procedure included a repeat MRI of the cervical spine and lumbar spine due to myelopathy and falling history. The injured worker was noted to have upper extremity weakness on physical examination. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Cervical without Contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggesting of a significant pathology. The clinical documentation submitted for review dated 02/27/2014 revealed normal strength in the bilateral upper extremities. The subsequent documentation of 01/15/2015 revealed the injured worker had right sided deficits in the deltoids, biceps, wrist extensors and flexors of 4/5. This would be a significant change. Given the above, the request for magnetic resonance imaging (MRI) cervical without contrast is medically necessary.