

Case Number:	CM15-0033089		
Date Assigned:	02/26/2015	Date of Injury:	11/05/1997
Decision Date:	04/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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, 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 58 year old female, who sustained an industrial injury on 11/5/97. She has reported neck injury. The diagnoses have included solid cervical arthrodesis from C4-7 with retained hardware, spondylolisthesis at C7-T1, facet arthropathy at C2-3 and adjacent level stenosis at C3-4. Treatment to date has included epidural injections, cervical fusion. Currently, the injured worker complains of neck discomfort with pain radiating to bilateral arms. It is noted on 1/7/15 the injured worker continues to receive epidural injections and the efficacy is beginning to wane. On 10/10/14 physical exam revealed well healed incisions, spasms in the trapezial musculature and paraspinals of cervical spine and limited cervical range of motion. On 2/18/15 Utilization Review non-certified (MRI) magnetic resonance imaging of cervical spine without contrast, noting a previous (MRI) magnetic resonance imaging had been performed and most recent report showed no significant changes in cervical spine symptoms since then. The MTUS, ACOEM Guidelines, was cited. On 2/19/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of cervical spine without contrast.

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 without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address the issue. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no indication of any red flags or other significant change in symptoms and/or findings suggestive of significant pathology. In the absence of such documentation, the requested cervical MRI is not medically necessary.