

Case Number:	CM15-0036709		
Date Assigned:	03/05/2015	Date of Injury:	10/12/2012
Decision Date:	05/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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: Oregon, California
Certification(s)/Specialty: Neurological Surgery

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 60-year-old male who reported an injury on 10/12/2012. The mechanism of injury was repetitive motion. The injured worker underwent an MRI of the cervical spine on 02/25/2014, which revealed a posterior disc protrusion of 3 to 4 mm at C4-5, and 5 mm at C5-6, and 4 mm at C6-7 with moderate to severe central canal narrowing at both C4-5 and C5-6. There was moderate central canal narrowing at C6-7. There was severe left and moderate right C5-6 neural foraminal narrowing in the anterior C5 and C6-7 spondylosis deformans. The surgical history was not provided. The injured worker underwent an x-ray of the cervical spine on 07/21/2014, which revealed mild degeneration and loss of intervertebral disc height at C5-6 and it was negative for fracture and subluxation. Prior therapies included an epidural steroid injection. There was a Request for Authorization submitted for review dated 01/28/2015. The documentation of 01/28/2015 revealed a request for a preoperative cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Preoperative cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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 that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a prior MRI of the cervical spine in 02/2014. There was lack of documentation indicating the injured worker had a significant change in symptom or findings of a significant pathology. Given the above, the request for associated surgical services: preoperative cervical MRI is not medically necessary.