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| Case Number: | CM15-0045885 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 03/05/2013 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Anesthesiology, 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 43 year old male, who sustained an industrial injury on March 5, 2013. He reported neck pain. The injured worker was diagnosed as having cervicalgia, and degenerative disc disorder. Treatment to date has included medications, physical therapy, and chiropractic care. On 12/8/14, he had a magnetic resonance imaging of the brain which was determined to be within normal limits. The request for authorization is for a magnetic resonance imaging of the cervical spine without contrast. On 1/30/15 he was seen by a pain management specialist for continued cervical spine pain. He rates his pain as 6/10 on a pain scale. The records indicate he did not benefit from physical therapy or chiropractic care, and he has refused cervical facet injections/median nerve block injections in the past. The records indicate a previous cervical spine magnetic resonance imaging was done on 8/6/13. The treatment plan includes request for cervical magnetic resonance imaging 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 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM guidelines recommend imaging studies when there is physiological evidence in the form of definitive neurological findings on PE, electrodiagnostic studies, laboratory testing or bone scans and unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for cervical MRI nor does he have a physical exam which would warrant the necessity of an MRI. Additionally, his symptoms are unchanged since prior MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.