MAXIMUS Federal Services

Case Number:	CM15-0056468		
Date Assigned:	04/01/2015	Date of Injury:	07/01/2011
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
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 48 year old male, who sustained an industrial injury on 07/01/2011. The initial complaints or symptoms included injury to the cervical spine, head, left shoulder and multiple other body parts. The injured worker was diagnosed as having large rotator cuff tear in the left shoulder. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, electrodiagnostic testing, left shoulder surgery (x2), and conservative therapies. Currently, the injured worker complains of still having headaches. The injured worker was seen for follow-up and medication refills. The diagnoses include. The treatment plan consisted of MRI of the cervical spine, EMG/NCS (electromyography/nerve conduction study) of the left upper extremity, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast of Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Repeat MRI, Neck chapter.

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

Decision rationale: The patient presents with pain affecting the neck, left shoulder, and thoracic and lumbar spine. The current request is for MRI w/o contrast of cervical spine. The most current treating physician reports provided dated 2/12/15, and 3/12/15 (229B) were not entirely legible. A QME report dated 1/27/15 (374B) notes that the patient has previously received multiple MRI's of the cervical spine, the most current being 10/31/13. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding MRI's of the cervical spine: “Not recommended except for indications list below." The guidelines go on to state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." An MRI dated 1/8/13 shows, "mild cystic dilation of the central canal dilation in the thoracic spinal cord at T1-2, minimal bulging of the annulus posteriorly by approximately 1 mm at C5-6 and 1-2 mm anterolisthesis of C6 on C7." In this case, the patient has received at least 2 prior MRI's of the cervical spine on 1/8/13, and 10/31/13. There was no rationale by the physician in the documents provided that suggests the patient's symptoms or pathology has dramatically changed since the patient's last MRI. The current request is not medically necessary as repeat MRI's are only supported by the ODG guidelines if there is documentation of a significant change in symptoms or pathology. Recommendation is for denial.