

Case Number:	CM15-0057018		
Date Assigned:	04/01/2015	Date of Injury:	03/07/2000
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Preventive Medicine, Occupational Medicine

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 57-year-old male who sustained an industrial injury on March 7, 2000. He has reported a right scapular fracture and has been diagnosed with cervical radiculopathy, cervical facet arthropathy, cervical myofascial strain, and occipital neuralgia. Treatment has included acupuncture, 2 Rhizotomys, trigger point injections, and medications. Currently the injured worker complains of neck pain with right scapular stabbing and aching pain radiating into the bilateral upper extremities, right greater than left. The treatment request included an MRI of the neck and spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI neck spine w/o dye: 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 Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker has been injured for 15 years, and this request is for a repeat MRI. Prior MRI results are not addressed, and there is no indication that the injured worker has new significant injury that may require a repeat MRI. Medical necessity has not been established for this request within the recommendations of the MTUS Guidelines. The request for MRI neck spine w/o dye is determined to be NOT medically necessary.