

Case Number:	CM15-0081137		
Date Assigned:	05/01/2015	Date of Injury:	07/01/2012
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/28/2015

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 71-year-old male, who sustained an industrial injury on 7/25/2011. He reported injury from lifting heavy boxes. The injured worker was diagnosed as having cervical disc disorder with myelopathy, sciatica, lumbar disc displacement and disorder with myelopathy, lumbago, rotator cuff syndrome and knee sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included cervical disc surgery, psychiatric hospitalization for depression and anxiety and medication management. In a progress note dated 3/12/2015, the injured worker complains of left arm/wrist/hand pain, cervical pain, lumbar pain and right buttock/leg/knee/ankle pain. The treating physician is requesting cervical spine magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. ODG cites that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses or any significant change in symptoms/findings since prior imaging suggestive of significant pathology. In the absence of such documentation, the requested cervical MRI is not medically necessary.