

Case Number:	CM15-0087371		
Date Assigned:	05/11/2015	Date of Injury:	02/19/2007
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Illinois

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 55 year old female who sustained an industrial injury on 2/19/07 resulting in low back pain. She currently complains of worsening neck and left shoulder pain, she had 60-70% relief of neck and arm pain with cervical epidural but pain has returned; she has left wrist issues; low back pain that radiates to bilateral posterior thighs; foot pain from post-laminectomy. Her pain level was 6/10 and decreased to 3/10 with medications. On physical exam she has decreased range of motion with pain; sensation decreased in the left arm in C6 distribution decreased cervical range of motion with tenderness on palpation. She has sleep disturbances secondary to pain. Medications are Tramadol, Norco, OxyContin, Neurontin, and Ambien. Urine drug screen was consistent with current prescribed medications. Diagnoses include cervical radiculopathy, status post cervical epidural (8/25/14); lumbar radiculopathy with moderate improvement post epidural; lumbar post laminectomy syndrome X2; chronic narcotic use. Treatments to date include C6-7 epidural and steroid injection (8/25/14) with good neck and arm pain relief (60-70%); acupuncture with mild relief; physical therapy. Diagnostics include MRI lumbar spine shows L1-2 herniated nucleus pulposus (no date), status post fusion; computed tomography myelogram shows solid fusion L2-S1 and mild degenerative changes and stenosis; cervical MRI shows cervical degenerative disc disease at multiple levels with stenosis (no date); In the progress note dated 4/15/15 the treating provider's plan of care includes repeating cervical MRI as recent epidural provided minimal relief and has continued symptoms. Her previous cervical MRI is over one year old and she is a probable surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast: 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, Neck and Upper Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 2/19/07. The medical records provided indicate the diagnosis of cervical radiculopathy, status post cervical epidural (8/25/14); lumbar radiculopathy with moderate improvement post epidural; lumbar post laminectomy syndrome X2; chronic narcotic use. Treatments to date include C6-7 epidural and steroid injection (8/25/14) with good neck and arm pain relief (60-70%); acupuncture with mild relief; physical therapy. The medical records provided for review do not indicate a medical necessity for MRI of cervical spine without contrast. The medical records indicate the injured worker had a cervical MRI in the past. The MTUS is silent on repeat MRI. The Official Disability Guidelines does not recommend repeat MRI Repeat except for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation).