

Case Number:	CM15-0089665		
Date Assigned:	05/14/2015	Date of Injury:	07/29/2009
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old male, who sustained an industrial injury on 7/29/2009. He reported neck pain. The injured worker was diagnosed as having cervical degenerative disc disease. Treatment to date has included medications, magnetic resonance imaging, chiropractic treatment, and physical therapy. The request is for magnetic resonance imaging of the neck. On 8/5/2014, he had a magnetic resonance imaging of the cervical spine, which revealed mild degenerative disc changes evident at C5-6 with right paracentral disc bulge causing minimal central canal stenosis and no appreciable neural foraminal narrowing, and normal alignment, and no other significant cervical spine abnormalities. On 10/9/2014, he underwent left shoulder surgery. On 10/15/2014, he obtained knee and ankle braces. A urine toxicology dated 10/28/2014, was provided for this review. On 12/9/2014, he complained of neck pain with radiation to the upper extremities down to the hands. He rated his pain 7/10. He was given a Toradol injection. On 12/12/2014, he is noted to have improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic pain is for a repeat MRI of the cervical spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. This worker has already had a cervical MRI to delineate the anatomy and in the absence of physical exam evidence of red flags, a repeat MRI of the cervical spine is not medically necessary.