

Case Number:	CM14-0154416		
Date Assigned:	09/24/2014	Date of Injury:	03/21/2014
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 26-year-old female with a reported date of injury on 03/20/2014. The mechanism of injury was not listed in the records. The diagnoses included cervical strain/sprain, thoracic strain/sprain, lumbar degenerative disc disease. The past treatments included pain medication, physical therapy, and chiropractic therapy. The MRI of the cervical spine, performed on 05/30/2014, revealed C6-7 disc bulge with dehiscence of the nucleus pulposus. There was no relevant surgical history noted in the records. The subjective complaints included low back pain and neck pain. The physical examination noted tenderness to the L4-5, L5-S1 midline with lumbar paraspinal tenderness. There is a disc bulge at C6-7 present on the MRI. Spasms are present on both quads and bilateral glutes. The straight leg raise was positive at 30 degrees. The medications were not listed in the records. The treatment plan was to continue with the medications and reorder an MRI. A request was received an MRI of the cervical spine. The rationale for the MRI was not provided. The Request for Authorization form was dated 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back 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 and Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: The request for MRI Cervical is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has chronic back and neck pain. The notes indicate an MRI of the cervical spine was performed on 05/30/2014. There was no acute symptoms or findings suggestive of significant pathology to support the use of a repeat MRI. Additionally the specific rationale for the repeat MRI was not provided. As there were no symptoms and/or findings suggestive of significant pathology documented in the notes the request is not supported .As such, the request is not medically necessary.