

Case Number:	CM14-0160828		
Date Assigned:	10/06/2014	Date of Injury:	08/17/2011
Decision Date:	10/30/2014	UR Denial Date:	09/01/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 9/14/10. A utilization review determination dated 9/2/14 recommends non-certification of positional MRI of the cervical spine. 9/3/14 medical report identifies that, based on an 8/6/14 PR-2 report, the patient complains of ongoing neck pain and stiffness with loss of motion. There is bilateral arm pain 5-6/10 and achy pain in the neck. On exam, there is tenderness, limited ROM, compression test with slight localized pain, and Spurling's test positive with radiating pain down the C5 nerve root distribution on the right side. The provider recommended an update MRI due to ongoing radiculopathy and radiating pain to the RUE, positive orthopedic and Spurling's test, loss of motion and persistent symptoms and failure to respond following PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SINGLE POSITIONAL MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter, Standing MRI and Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for positional MRI of the cervical spine, CA MTUS does not specifically address the issue. ODG notes that standing MRI is not recommended, as it is considered experimental, investigational or unproven. It has not been demonstrated to provide any advantage over conventional (supine) MRIs. They also note that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no clear indication of a significant change in symptoms and/or findings suggestive of significant pathology to support a repeat MRI and, specific to positional MRI, there is no clear rationale for its use despite the ODG recommendations against its use. In light of the above issues, the currently requested positional MRI of the cervical spine is not medically necessary.