MAXIMUS Federal Services

Case Number:	CM14-0182571		
Date Assigned:	11/07/2014	Date of Injury:	08/30/2012
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Interventional Spine 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 patient is a 45 year old with an injury date on 8/30/12. Patient complains of intermittent cervical spine pain rated 7-8/10, with popping of the neck with certain positions, radiating into the shoulder/arms/hands with numbness/tingling, T-spine pain rated 6/10, and low lumbar pain rated 7-9/10 with numbness/tingling in the legs/feet, right > left per 9/18/14 report. Based on the 9/18/14 progress report provided by the treating physician, the diagnoses are: 1. musculoligamentous sprain, cervical spine2. Musculoligamentous sprain, thoracic spine3. broad-based 1.2mm disc protrusion at L2-L3 with mild flattening of the thecal sac anteriorly; broad-based 1.3mm disc protrusion at L3-L4 that is more focal in the far left paracentral region where it measures 2.8mm; broad-based 2.1mm disc protrusion at L4-L5 with flattening of the thecal sac anteriorly (L-spine MRI 1/24/14)4. Musculoligamentous sprain, lumbar spineExam on 9/18/14 showed "C-spine range of motion limited with extension at 38/60 degrees. L-spine range of motion limited with flexion at 48/60 degrees." Patient's treatment history includes right ankle surgery 20 years ago, X-rays of the spine/neck, epidural steroid injection in 2013 (then developed allergy), and 24 physical therapy sessions. The treating physician is requesting MRI of the cervical spine. The utilization review determination being challenged is dated 10/13/14. The treating physician provided treatment reports from 5/2/14to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: This patient presents with neck pain, thoracic spine pain, and back pain. The treater has asked for MRI of the cervical spine on 9/18/14 "since the last MRI is almost two years old...[and] there has been a certain deconditioning that has transpired over time." The patient had a prior cervical MRI from 11/2/12 showing 3mm posterior disc at C3-4, a 3mm posterior disc at C4-5, and a 3mm posterior disc at C5-6. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, there is no new injury, and no progressive neurologic findings such as atrophy, weakness, reflex changes, paralysis, or bowel bladder loss in the provided documentation to necessitate a repeat MRI. The request is not medically necessary.