

Case Number:	CM14-0084790		
Date Assigned:	07/21/2014	Date of Injury:	03/08/2013
Decision Date:	11/07/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Spinal 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 53-year-old female with date of injury of March 8, 2013. The patient has chronic neck pain. The patient was treated with medications and physical therapy. The patient has MRI the cervical spine from April 9, 2014 that shows degenerative disc condition from C4-C6-c 7. The patient has had conservative measures to include physical therapy and epidural injections. Physical examination Spurling's test is positive. There is tenderness to palpation of the neck. Cervical range of motion is diminished. There is numbness in the middle finger. At issue is a repeat MRI lumbar spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Scan of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: The patient does not meet criteria for repeat MRI. Specifically there is no documentation of significant change in the patient's symptoms since the previous MRI. The

patient is already had a cervical MRI in April 2014 that showed multiple levels of disc degeneration. Since there is no significant change in the patient's symptoms since the last MRI, repeat MRI not medically necessary.