

Case Number:	CM14-0203288		
Date Assigned:	12/15/2014	Date of Injury:	10/09/2011
Decision Date:	05/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old male who reported injury on 10/09/2011. The mechanism of injury was the injured worker had been assisting a nurse with lifting a 230-pound patient who was having a seizure when he noted pain in his neck, right shoulder, low back and groin. The injured worker was noted to undergo MRIs of the cervical spine per the documentation of 05/08/2014 with recommendations for epidural steroid injections. The documentation of 08/19/2014 revealed the injured worker had subjective complaints of neck and low back pain with persistent spasming. The injured worker reported occasional radiation of low back pain to the left leg. The physical examination revealed tenderness to palpation and spasms in the left paracervical and left trapezius musculature. There was decreased right lateral rotation. The examination of the lumbar spine revealed tenderness to palpation over the right paralumbar musculature with spasms. There was slightly limited range of motion due to pain. The diagnoses included cervical spine sprain/strain with radicular complaints and lumbar spine sprain/strain with radicular complaints. The treatment plan included a pain management consultation regarding medication management for a second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without contrast (Second Repeat): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines online version repeat MRI studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide documentation the injured worker had a significant change in symptoms or findings of a significant pathology. There was no documented rationale for the repeat imaging study. There was no request for authorization submitted for review. Given the above, the request for Cervical MRI without contrast (Second Repeat) is not medically necessary.

(Repeat) Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines online version Repeat MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide documentation the injured worker had a significant change in symptoms or findings of a significant pathology. There was no documented rationale for the repeat imaging study. There was no request for authorization submitted for review. Given the above, the request for (Repeat) Lumbar MRI is not medically necessary.