

Case Number:	CM14-0214174		
Date Assigned:	01/07/2015	Date of Injury:	05/29/2003
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

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 patient is a 57 year old male with an injury date on 05/29/2003. Based on the 08/11/2014 progress report provided by the treating physician, the diagnoses are: 1. Carpal Tunnel Syndrome (Right Wrist) 354 2. Cervical IVD Syndrome 3. Cervical Facet Syndrome 4. Neuropathy Upper Limb 5. Cervical Rad. According to this report, the patient complains of "experiencing neck pain with frequent headaches. Bilateral hands starts to get numb and pain noted in forearm of right arm. Sleep disturbance due to right hand numbness." The patient "is currently in a flare-up status." Physical exam reveals a grade +2 tenderness at the cervical spine and grade +1 tenderness at the thoracic spine. Segmental Dysfunction is noted at the cervical and thoracic spine. Cervical range of motion is decreased. Foraminal Compression tested and shoulder depression test are positive. Hypoesthesia is noted at the right C6-T1 dermatomes. The 01/05/2014 report, the treating physician indicates "the patient is currently in a flare-up status" with a grade +1 tenderness at the cervical/ thoracic spine. The treatment plan is to request for chiropractic adjustments and physiotherapy treatment 2x3wk and update cervical MRI. The patient's work status is "permanent and stationary." There were no other significant findings noted on this report. The utilization review denied the request for update cervical MRI on 11/26/2014 based on the ACOEM/ODG guidelines. The requesting physician provided treatment reports from 01/05/2014 to 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

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

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) neck chapter under MRI.

Decision rationale: According to the 08/11/2014 report, this patient presents with a flare up neck pain with frequent headaches. The current request is for "update" Cervical MRI. Regarding repeat MRI's, ODG guidelines states, "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)." Review of the reports from 01/05/2014 to 08/11/2014 shows no discussion to why the patient needs a repeat MRI of the cervical spine when there no progression of neurologic deficit, no red flags and no new injury. In this case, the request for a repeat MRI of the cervical spine is not supported by the guidelines. The request IS NOT medically necessary.