

Case Number:	CM15-0002740		
Date Assigned:	01/13/2015	Date of Injury:	11/03/2007
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old male with a date of injury as 11/03/2007. The current diagnoses include lumbago-low back pain and disc degeneration lumbar/sacral. Previous treatments include medications. Primary treating physician's reports dated 10/17/2014 and 11/19/2014 were included in the documentation submitted for review. Report dated 11/19/2014 noted that the injured worker presented with complaints that included lower back pain, neck pain, along with joint pain. Pain level was rated as 8 out of 10 with medications. Physical examination revealed limited range of motion in the head/neck and lumbar region, and tenderness in the lumbar paraspinal muscles and tenderness over the mid-line and paraspinal areas. Treatment plan consisted of request for cervical MRI and pain psychology evaluation, continue current medications except ibuprofen, continue to be active daily, and start calcium and vitamin D due to methadone use. Report dated 10/17/2014 notes that the injured worker presented with increased headaches on the right side. Documentation submitted does not contain physician rationale for the request of repeat MRI of the cervical spine. There were no prior imaging studies submitted for review. The utilization review performed on 12/09/2014 non-certified a prescription for MRI of the cervical spine based on no documentation of subjective or objective findings to support a repeat MRI of the cervical spine. The reviewer referenced Official Disability Guidelines in making this decision.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Minnesota Rules)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: This 55 year old male has complained of neck pain since date of injury 11/3/07. He has been treated with physical therapy and medications. The current request is for MRI of the cervical spine. The available provider notes do not include any documentation of patient symptomatology, physical exam or rationale which supports the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation and per the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.