

Case Number:	CM15-0015177		
Date Assigned:	02/03/2015	Date of Injury:	08/13/2000
Decision Date:	03/25/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old male sustained an industrial injury on 8/13/00. He subsequently reports chronic neck pain. The injured worker has undergone spinal fusion surgery. Prior treatments include spinal injections and prescription pain medications including Methadone. The UR decision dated 1/1/15 non-certified an MRI of the Cervical Spine without Contrast. The MRI of the Cervical Spine without Contrast was denied based on ACOEM guidelines.

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 without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, CA MTUS and ACOEM do not address repeat MRI. ODG states that repeat MRI is 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). Within the documentation available for review, there is no indication of any red flags or a significant change in symptoms/findings suggestive of significant pathology. Furthermore, there is no current documentation of neurological pathology or another clear indication for MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.