

Case Number:	CM15-0017516		
Date Assigned:	02/05/2015	Date of Injury:	10/24/2007
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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, Hawaii
 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 63 year old female, who sustained an industrial injury on 10/24/2007. She has reported subsequent neck and back pain and was diagnosed with cervical disc protrusion and cervical and lumbar radiculitis. Treatment to date has included oral pain medication, physical therapy and acupuncture. In a progress note dated 01/05/2015, the injured worker complained of neck and back pain. Objective physical examination findings were notable for tenderness to palpation of the cervical paravertebral muscles, bilateral gluteus and lumbar paravertebral muscles, positive Romberg's sign, biceps and triceps weakness and intermittent positive Hoffman's sign. A request for authorization of MRI of the cervical spine was made due to positive neurological findings and possible early myelopathic findings, rule out central stenosis. On 01/20/2015, Utilization Review non-certified a request for MRI of the cervical spine, noting that there was no neurology report supporting that the injured worker needed a cervical MRI or indicating the reason why the imaging study was needed. ACOEM and ODG guidelines were cited.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 178. Decision based on Non-MTUS Citation Official Disability guidelines (ODG), Indications for imaging - MRI (magnetic resonance imaging)

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

Decision rationale: The patient presents with headaches, blurry vision, neck pain which radiates into the upper extremities, and low back pain. The current request is for MRI of the cervical spine. The treating physician states, "Authorization is requested for a cervical spine MRI. The last cervical MRI I have is from 2010. The examination findings have worsened since 2012" (18B, 23B) The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented that the patient has had worsening pain despite conservative treatments. The physician has documented positive cervical distraction test and positive cervical compression test, restricted ranges of motion and decreased sensation in the C5 and C6 dermatomes. The current request is medically necessary and the recommendation is for authorization.