

Case Number:	CM15-0117302		
Date Assigned:	06/25/2015	Date of Injury:	01/19/2010
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 70 year old male, who sustained an industrial injury on 1/19/10. The diagnoses have included lumbar spondylolisthesis, lumbar spondylosis with myelopathy, and disorder of sacrum, brachial neuritis and cervical spondylosis without myelopathy. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 5/28/15, the injured worker is for follow up exam and symptoms have not changed since the last visit. The physician notes that the cervical spine demonstrates deficits and needs Magnetic Resonance Imaging (MRI) of the neck and x-rays. The injured worker complains of significant pain in the sacroiliac joint. The objective findings reveal that the cervical spine is within normal limits, there is normal physiologic cervical lordosis and cervical spine range of motion is normal. The physician progress note dated 2/11/15, the injured worker complains of neck and left trapezial pain that radiates to the left arm, forearm, ulnar border of the forearm and ulnar digits, severe pain at the right sacroiliac joint and lumbar pain with radiculopathy at the fusion level. The objective findings of the cervical spine are within normal limits. The diagnostic testing that was performed included x-ray of the cervical spine dated 10/13/14 that reveals anterior fixation with interbody fusion and moderate degenerative changes. The electromyography (EMG) /nerve conduction velocity studies (NCV) of the bilateral upper extremities. The current medications included Soma, Lyrica and Percocet. The physician requested treatment included Magnetic Resonance Imaging (MRI) of the cervical spine based on clinical findings and neurological deficits.

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, Treatment in Workers' Compensation, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter (MRI).

Decision rationale: CA MTUS does not address repeat MRI. The ODG states that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression or recurrent disc herniation. In this case, there is no evidence of the above red flags on physical exam and no significant changes in the patient's symptoms. The treating physician gave the rationale of "cervical spine demonstrates deficits," on 5/28/15. This rationale is not sufficient to establish medical necessity for a repeat cervical MRI. The request is not medically necessary.