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| Case Number: | CM15-0126413 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 05/04/2010 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: Emergency Medicine

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 male, who sustained an industrial injury on 5/04/2010. The records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include cervical spondylosis, stenosis, status post right shoulder decompression, status post trigger finger release, status post lumbar surgery, failed back syndrome, chronic low back pain with radiculitis. Currently, he complained of pain in the right elbow and right shoulder and increased neck pain. Current medications included Norco and Gabapentin. On 5/28/15, the physical examination documented increased cervical spasms with increased pain and decreased range of motion. There was a positive right side Spurling's maneuver noted and decreased right arm sensation as well as decreased strength. The plan of care included a repeat MRI of the cervical spine. The last MRI was noted to have been obtained in February 2014. MRI done on 2/10/14 was basically normal except for mild facet changes although the actual report was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-1 & 8-8. Decision based on Non-MTUS Citation ODG Neck MRI- Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Patient basically had a normal MRI done 1 year prior although the actual report was not provided for review. Review of physical exam shows no change in symptoms for months. There is no rationale provided as to why MRI was requested for chronic unchanged symptoms with no new deficits. MRI of cervical spine is not medically necessary.