

Case Number:	CM15-0129850		
Date Assigned:	07/16/2015	Date of Injury:	12/03/2010
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 12/03/2010. She has reported injury to the head. The diagnoses have included coronary artery disease; hypertension; depressive disorder not otherwise specified; panic disorder without agoraphobia; and cognitive disorder due to traumatic brain injury. Treatment to date has included medications, diagnostics, and psychotherapy. Medications have included Hydrocodone/Acetaminophen, Xanax, Wellbutrin, Prozac, and Ambien. A progress report from the treating physician, dated 09/19/2014, documented a follow-up session with the injured worker. The injured worker reported anxiety and related symptoms decreased; depression remains decreased; crying episodes remain decreased; memory and concentration remain impaired as before; insomnia remains the same; appetite is unchanged; panic attacks are about the same; energy level is still low; and sociability is reduced. Objective findings included less labile, depressed; thought content is less anxious and depressive, consistent with the mood and circumstances; there is no thought disorder; and she answers questions promptly and appropriately. The treatment plan has included the request for MRI of the cervical spine.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Neck and Upper Back Complaints, 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 (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work-related injury in December 2010. When seen, there was cervical and thoracic tenderness. There was sub-occipital tenderness. There was positive Spurling's testing. A cervical spine MRI in December 2010 included findings of moderate spondylosis with stenosis at C3-4 and C4-5. Guidelines recommend against a repeat cervical spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had x-rays of the cervical spine and a cervical spine MRI. There is no new injury or significant change in her condition and no identified red flags that would indicate the need for a repeat scan. The request is not medically necessary.