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| Case Number: | CM15-0170159 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 02/26/2005 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/01/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: Preventive Medicine, Occupational 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 68 year old male, who sustained an industrial injury on February 26, 2005. The injured workers injuries were related to continuous injury trauma while working in technical support. The injured worker experienced headaches and neck, shoulder and hand pain. The diagnoses have included cervical myalgia, cervical spine degenerative joint disease-degenerative disc disease and cervical sprain-strain. The injured worker has not worked since 2-28-2005. Current documentation dated June 22, 2015 notes that the injured worker reported constant neck pain with associated numbness and grinding. The pain radiated to the head, arms and hands. The pain was rated 7 out of 10 with rest and 9 out of 10 with activities. The injured worker was unable to perform activities of daily living. Examination of the cervical spine revealed tenderness to palpation of the paracervical and trapezius areas bilaterally. Muscle tone and sensory examinations were normal. A Phalen's test and Tinel's test were negative bilaterally. Range of motion was decreased. Treatment and evaluation to date has included medications, radiological studies, greater than 80 physical therapy sessions, acupuncture treatments epidural steroid injections and MRI's of the neck, shoulder and low back. Physical therapy provided no relief. Current medications include Metformin, Benazepril, Atorvastatin and Celebrex. The treating physician's request for authorization dated June 22, 2015 included a request for an MRI of the cervical spine without dye. The original Utilization Review dated August 1, 2015 non-certified the request due to lack of documentation of new neurological deficits or "red flags" that would justify the need for a cervical spine MRI without dye. In 2014, his individual communicated to the AME evaluator that he is adamant he does not want cervical surgery.

There is no updated information that documents a change in his wishes. There is not review of prior MRI findings by the requesting physician.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013 Cervical and Thoracic Spine Disorders, Clinical Measures, Magnetic Resonance Imaging (MRI).

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/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not specifically address the issue of repeat cervical MRI scanning. ODG Guidelines directly address this issue and they do not support repeat cervical MRI scanning unless there is a definitive change in an individual's condition or it is necessary for procedural planning. The medical records do not support a material change in this individual's condition. The same level of severe cervical pain persists and there are no new subjective or objective factors supporting a change in neurological functioning. In addition, this individual has stated that he does not wish surgical intervention of the cervical spine and there is no documentation of any change in this position. At this point in time, the request for a repeat cervical MRI is not supported by Guidelines. The repeat MRI of the cervical spine without contrast is not medically necessary.