

Case Number:	CM15-0176042		
Date Assigned:	09/17/2015	Date of Injury:	03/17/1999
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 52 year old female who sustained an industrial injury on 03-17-1999. Current diagnoses include neck pain, syndrome postlaminectomy lumbar, sciatica, and mechanical complication due to other implant and internal device. Report dated 08-11-2015 noted that the injured worker presented for an intrathecal pump refill with complaints that included severe neck pain. Physical examination performed on 08-11-2015 revealed cervical spine tenderness over the cervical paraspinous and trapezius bilaterally, decreased sensation along the right C6 and her hand, decreased motor strength in the right hand and wrist, and hyper reflexia. Previous diagnostic studies included a cervical MRI on 05-20-2015. Previous treatments included medications, surgical intervention, and intrathecal pump. The treatment plan included refilling the intrathecal pump, recommendation for an epidural steroid injection, urine screen, repeat MRI of the cervical spine at a different facility because of the discrepancy from the prior reading, and request for medications. The utilization review dated 08-18-2015, non-certified the request for 1 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:

One (1) MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The current request is for One (1) MRI of the cervical spine. Previous treatments include medications, lumbar surgical intervention, physical therapy and intrathecal pump. Work status: Patient is permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-178 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) Section states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per report 08/11/15, the patient presents with chronic neck pain. Physical examination revealed cervical spine tenderness over the cervical paraspinous and trapezius bilaterally, decreased sensation along the right C6 dermatome, decreased motor strength in the right hand and wrist, and hyper reflexia. The patient had a cervical MRI on 05/31/13, which revealed degenerative changes most severe at C5-6 level. Noted was bilateral uncovertebral spurring producing moderate bilateral neuroforaminal stenosis at C5-6. The treater states that the patient underwent an updated cervical MRI on 05/20/2015 which initially read as normal and "the radiologist did reread this after we requested that another look be taken because previous MRI showed significant pathology." The treater reported that at the second reading the radiologist did note significant stenosis. The treater would like another repeat MRI as there is discrepancy in the readings. In this case, there is no documentation or discussion of significant change in symptoms or findings since the 2013 MRI. There is no discussion of progression of neurologic deficit, no red flags and no new injury to warrant a repeat MRI study. This request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.