

Case Number:	CM15-0064788		
Date Assigned:	04/10/2015	Date of Injury:	12/03/2007
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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: California

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:

This 59 year old male sustained an industrial injury to the neck and low back on 12/3/07. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, injections and medications. In a pain management reevaluation dated 2/23/15, the injured worker complained of neck pain with radiation to bilateral upper extremities associated with numbness, tingling and muscle spasms and low back pain with radiation to bilateral lower extremities. The injured worker rated his pain 8/10 on the visual analog scale with medications and 9/10 without medications. Current diagnoses included cervical spine degenerative disc disease, cervical spine radiculopathy, lumbar spine degenerative disc disease, lumbar spine radiculopathy, medication related dyspepsia, chronic pain syndrome, left C8-T1 radiculopathy and left L5-S1 radiculopathy. The treatment plan included magnetic resonance imaging cervical spine, cervical spine surgeon consultation, medications (Lidoderm patch, Tylenol # 3 and Naproxen) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back procedure summary online - Magnetic resonance imaging (MRI).

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

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. ODG states that repeat MRI is not routinely recommended unless there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flags or recently changed findings since the time of the most recent cervical MRI suggestive of the need for repeat imaging. In the absence of such documentation, the requested cervical MRI is not medically necessary.

Cervical spine surgical consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back procedure summary online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has a longstanding injury and the requesting physician has not identified any red flags, significant changes in the patient's current clinical findings, or another clear rationale for a surgical consultation at this time. In the absence of such documentation, the currently requested consultation is not medically necessary.