

Case Number:	CM15-0065418		
Date Assigned:	04/13/2015	Date of Injury:	06/02/2012
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
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: 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 43-year-old female, who sustained an industrial injury on 6/2/2012. She reported injury of the neck, low back and left shoulder. The injured worker was diagnosed as having cervical intervertebral disc displacement without myelopathy, cervical radiculopathy, and degeneration of the lumbar spine.. Treatment to date has included medications, acupuncture, electrodiagnostic studies, physical therapy, injections, surgery, and imaging. The request is for magnetic resonance imaging of the cervical spine. On 12/18/2014, she complained of neck, low back, and left shoulder pain. She rated her pain as 7-8/10 on a pain scale. She reported increasing pain from her neck to the left shoulder and down to her low back. The treatment plan included discussion of treatment options, request for magnetic resonance imaging of the cervical and lumbar spines, and trial acupuncture. A previous magnetic resonance imaging of the cervical spine on 9/19/2013 is reported to reveal disc protrusions and impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) for the cervical spine open: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 is nearly 3 years status post work-related injury and continues to be treated for chronic radiating neck pain. When seen, she had decreased left upper and lower extremity sensation and decreased upper and lower extremity strength bilaterally. A prior MRI scan of the cervical spine in September 2013 had showed findings of mild spondylosis and 2-3 mm posterior disc herniations. Guidelines recommend against a repeat MRI that 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 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. Therefore, the request is not medically necessary.