

Case Number:	CM15-0068911		
Date Assigned:	04/16/2015	Date of Injury:	10/04/2002
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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 49-year-old male, who sustained an industrial injury on 10/4/02. He reported right shoulder, neck and lower back. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included oral medications included opioids, physical therapy, home exercise program and multiple epidural steroid injections. Currently, the injured worker complains of severe neck pain with radiation into both arms with associated paresthesia, weakness and headaches. The injured worker notes his medications reduce his pain with minimal side effects and allow for improved function. Physical exam noted restricted range of motion of cervical spine and tenderness is noted at the paracervical muscles with radiation to neck and upper extremity. The treatment plan included a recommendation for an updated (MRI) magnetic resonance imaging of cervical spine and a new orthopedic spine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity for repeat cervical MRI scans. ODG Guidelines do address this issue and support scanning if there is a significant change in the patient's status and/or necessary for possible surgical planning. This individual meets these Guideline standards as he has an increasing pain level, increasing numbness and loss of sensation. He is also s/p cervical surgery and additional procedures are being considered. Under these circumstances, the MRI cervical spine is supported by Guidelines and is medically necessary.