

Case Number:	CM15-0073799		
Date Assigned:	04/23/2015	Date of Injury:	03/12/2012
Decision Date:	06/02/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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: Texas, Illinois

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 65 year old female, who sustained an industrial injury on March 12, 2012, incurring injuries to her neck, mid back, low back and left shoulder after a fall. She was diagnosed with cervical discogenic disease, lumbar discogenic disease, lumbar facet arthropathy and lumbar radiculopathy. Treatment included physical therapy, acupuncture, chiropractic sessions, and medication management. Currently, the injured worker complained of constant pain in the lower back radiating into the left leg with numbness and tingling and persistent pain in the neck, mid back area and left shoulder. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine (1.5 Tesla Scanner or greater): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on March 12, 2012. The medical records provided indicate the diagnosis of cervical discogenic disease, lumbar discogenic disease, lumbar facet arthropathy and lumbar radiculopathy. Treatment included physical therapy, acupuncture, chiropractic sessions, and medication management. The medical records provided for review do not indicate a medical necessity for MRI Cervical Spine (1.5 Tesla Scanner or greater). The medical records indicate the injured worker was noted to have diminished brachioradialis reflex on physical examination; Cervical MRI of 2013 noted degenerative changes; a nerve studies done in 2015 diagnosed left C5-C6 chronic radiculopathy. The records submitted did not provide information of findings of the upper extremity reflexes in the past. Considering the records do not provide evidence of progressive neurological deficit, a repeat MRI is not medically necessary. The MTUS recommends against reliance on imaging studies alone to evaluate the source of neck or upper back symptoms in order to avoid diagnostic confusion. The Official Disability Guidelines states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)."