

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0090315 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 08/11/2004 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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:

The injured worker is 55 year old female, who sustained an industrial injury on August 11, 2004 while working as a receptionist. The mechanism of injury was not provided. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical post-laminectomy syndrome, multilevel cervical herniated nucleus pulposus with stenosis, cervical radiculopathy, cervical spondylosis, cervicgia, lumbar radiculitis, lumbago, lumbar herniated nucleus pulposus, carpal tunnel syndrome, lumbar degenerative disc disease, chronic pain syndrome and lesion of ulnar nerve. Treatment to date has included medications, radiological studies, epidural steroid injections, physical therapy and lumbar spine surgery. Most current documentation dated December 11, 2014 notes that the injured worker reported continued neck, shoulder and low back pain. The low back pain radiated to the bilateral lower extremities with associated burning and tingling. Objective findings included tenderness to palpation throughout the cervical, thoracic and lumbar paraspinal and bilateral sciatic notches. Cervical and lumbar spine range of motion was noted to be decreased. The injured worker also was noted to have bilateral hand numbness. Motor strength and deep tendon reflexes were decreased over the bilateral upper and lower extremities. Specialty tests revealed a positive Spurling's test bilaterally and a positive Tinel's test bilaterally. The treating physician's plan of care included a request for a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: 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), Minnesota Rules.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat cervical MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, cervical MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases where a significant change on pathology has occurred. Within the documentation available for review, the patient has had a cervical spine MRI on 12/12/2014, the clinical rationale for a repeat imaging at this time is not provided. Additionally, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the cervical spine. In the absence of clarity regarding those issues, the currently requested repeat cervical MRI is not medically necessary.