

Case Number:	CM14-0141017		
Date Assigned:	09/10/2014	Date of Injury:	10/01/2011
Decision Date:	10/21/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old male with a reported date of injury on 10/01/2011. The mechanism of injury was not listed in the records. The injured worker's diagnoses included chronic neck pain, chronic pain syndrome, and cervical disc protrusion at C6-7. The injured worker's past treatments included pain medication, physical therapy, traction, and epidural steroid injections. The medications included Norco, Prezista, and Norvir. There was no relevant surgical history noted in the records. There was no relevant diagnostic testing noted in the records. The subjective complaints on 08/08/2014 include radiating pain to the right arm with occasional numbness to the hands, also pain in the neck that is rated at 10//10 without pain medications and 7/10 with pain medications. The physical exam findings noted decreased range of motion to cervical spine. The treatment plan was to obtain a new MRI of the cervical spine. A request was received for MRI of the cervical spine without contrast. The rationale for the request was a new MRI is needed because the previous MRI done is 5 months old. The Request for Authorization form was not provided with the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine without contrast: 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, Magnetic resonance imaging (MRI)

Decision rationale: The request for MRI of cervical spine without contrast is not medically necessary. The Official Disability Guidelines state repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has chronic neck pain. There are no acute symptoms or findings suggestive of significant pathology to support the use of a repeat MRI. As there were no symptoms and/or findings suggesting no significant pathology documented in the notes, the request is not supported. As such, the request is not medically necessary.