

Case Number:	CM14-0185173		
Date Assigned:	11/12/2014	Date of Injury:	03/12/2012
Decision Date:	10/26/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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 53 year old male who sustained an industrial injury on 3-12-12. A review of the medical records indicates he is undergoing treatment for cervical disc degeneration and cervical radiculopathy. Medical records (9-29-14) indicate the injured worker complains of pain in the neck, which radiates to the right arm. He describes the pain as "burning" and is associated with numbness and weakness. He rates the pain "5". The physical exam reveals restricted range of motion in the cervical spine. However, the remainder of the examination is within normal limits. He has continued to work full-time up to the 9-29-14 visit. The injured worker reported that "his neck pain has been so bad he can't work". The treating provider prescribed Medrol Dosepak and "put him off work for a month". The treatment recommendation was for an updated MRI of the cervical spine to "evaluate his anatomy prior to considering surgery". The utilization review (10-10-14) indicates denial of the cervical MRI, stating that the injured worker "has already had a cervical MRI scan done last year. Medical records do not support the necessity to repeat this study again".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other indications for MRI include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker had a previous cervical MRI within a year of this request. There had been no interval changes to suggest the need for a repeat cervical MRI. The physician had requested a repeat MRI for clarification of anatomy prior to consideration of surgery. No surgery had been authorized, therefore, the request for MRI of the cervical spine is determined to not be medically necessary.