

Case Number:	CM13-0001085		
Date Assigned:	05/14/2014	Date of Injury:	09/08/2010
Decision Date:	12/24/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/09/2013

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 51 year-old female with date of injury 09/08/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/05/2013, lists subjective complaints as pain in the neck. Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasm and guarding. Range of motion was restricted in all planes secondary to pain. Decreased sensation was noted on the right C6 and C7 dermatomes. Motor examination was within normal limits. MRI of the cervical spine performed on 05/14/2012 was notable for restrolisthesis of C5 and C6 with 3mm disc protrusions with abutment of the cervical cord and stenosis of the left cervical nerve root, and a C6-C7 disc protrusion with abutment of the nerve root. Diagnosis: 1. Cervicalgia 2. Sprain shoulder/arms 3. Lateral epicondylitis 4. Carpal tunnel syndrome 5. Lumbago 6. Trigger finger 7. Lumbosacral sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE CERVICAL SPINE (C-SPINE):
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), Neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. The patient is not a surgical candidate. Magnetic Resonance Imaging (MRI) of the Cervical Spine (C-Spine) is not medically necessary.