

Case Number:	CM13-0037478		
Date Assigned:	06/09/2014	Date of Injury:	12/13/2006
Decision Date:	07/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

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 Neurology 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:

The injured worker is a 60 year old female with a reported date of injury of 12/13/2006. The mechanism of injury is not disclosed in the documentation provided. The injured worker reports pain primarily in the cervical spine currently and previously had pain in the left hand originating for mass that was diagnosed as a ganglion cyst. A progress note dated 1/31/12 does not indicate the IW is reporting any cervical pain or any sensory changes. The neurological examination is reported as normal. A previous cervical spine MRI dated 6/23/2011 reveals a 1 to 2 mm right and left paracentral disc bulge at C3-C4, at C4-C5, a 1 to 2 mm right and left paracentral disc bulge with slight neuroforaminal narrowing inferior bilaterally. At C5-C6 there is a right paracentral 3 mm disc osteophyte complex with slight inferior neuroforaminal narrowing and a 1 to 2 mm bulge on the left with slight neuroforaminal narrowing. During the most recent exam dated 8/27/13, the IW reports pain the cervical spine region with tenderness in the paraspinal muscles. The IW also demonstrates decreased range of motion in flexion and extension of the cervical spine in addition to a reported decreased sensation in the C6 dermatome on the right side. There is no report of a motor assessment from this examination. A previous request to obtain a cervical spine MRI dated 9/19/13 was not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MAGNETIC RESONANCE IMAGING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: In reviewing the recommendations for obtaining imaging for the cervical spine, it is not recommended to obtain imaging to investigate a physiological abnormality. The only identified abnormality on the physical exam is a reported sensory deficit is on the right arm in the C6 dermatome. Also, the Injured worker has already obtained a previous cervical spine magnetic resonance imaging (MRI) with no additional trauma to her cervical spine in the interim. An additional cervical spine MRI is not medically necessary.