

Case Number:	CM14-0160455		
Date Assigned:	10/16/2014	Date of Injury:	02/22/2006
Decision Date:	11/26/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with a date of injury of 02/22/2006. The listed diagnosis per [REDACTED] is rule out cervical disk disease. According to progress report 08/21/2014, the patient presents with increasing discomfort in her neck which radiates into her left arm. She also has numbness in the ulnar digits of the left arm. Examination revealed tenderness in the left paraspinal musculature and left trapezius. She has full range of motion of the cervical spine, but discomfort with extremes of motion. There is positive cervical compression for the left medial scapula. There is decreased sensation to ulnar digits of the left hand. The physician is requesting an MRI of the cervical spine without dye. Utilization Review denied the request on 09/17/2014. Treatment reports 07/24/2014 and 08/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI neck spine w/o dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, MRI

Decision rationale: This patient presents with discomfort in her neck radiating to the left arm with numbness in the ulnar distribution. The physician indicates that the patient has had a previous procedure for left ulnar nerve transposition and her symptoms may be related to such. Utilization Review denied the request stating that "the findings of radiculopathy are equivocal." ODG Guidelines under its Neck chapter recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. Review of the medical file indicates the patient had a cervical MRI on 06/03/2009 which showed mild to moderate degree of multilevel disk disease which is most pronounced at C5-C6 with roughly 3-mm annular disk bulge. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, red flag conditions and no significant change in clinical presentation such as a new injury to warrant a repeat MRI. Recommendation is for denial.