

Case Number:	CM14-0169730		
Date Assigned:	10/20/2014	Date of Injury:	04/11/2013
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Practice 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:

This 47 year old female claimant sustained a work injury on 5/10/13 involving the neck. She was diagnosed with neck strain with radicular symptoms. She had an MRI in September 2013 which showed an annular bulge in C4-C5 and C5-C6. The claimant had undergone epidural steroid injections, TENS therapy, acupuncture and oral analgesics to improve pain and function. A progress note on 9/18/14 indicated the claimant had continued neck pain. Exam findings were notable for decreased range of motion of the cervical spine. The physician requested another MRI and a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat C-spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute and Chronic)

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag

diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In the documentation provided, there were no red flag symptoms. There was no plan for surgery. There was no indication of a new injury to expect changes in an MRI from 1 year ago. The request for an MRI of the cervical spine is not medically necessary.