

Case Number:	CM14-0044595		
Date Assigned:	07/02/2014	Date of Injury:	07/27/2012
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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:

The 53 yr. old female claimant sustained a work injury on 7/27/12 involving the knee, low back, foot, thighs and neck. She had meniscal tears of the knee and underwent surgery and therapy. She had an MRI of the cervical spine in May 2013 that showed disc herniations of C6-C7 and C5-C6. She had undergone epidural steroid injections of the cervical spine. She had received home exercise programs and muscle relaxants for chronic pain. A progress note on 3/24/14 indicated the claimant had 9/10 neck pain with numbness on the tongue. Examination findings were notable for painful range of motion of the cervical spine, paraspinal muscle tenderness, a positive Spurling maneuver on the right side of the neck and weakness in the upper extremities. The treating physician diagnosed cervical radiculopathy and recommended a surgical consultation as well as an MRI of the cervical spine due to continued pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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. There were no red flag symptoms. There was no plan for surgery and a consultation was pending. The request for an MRI of the cervical spine is not medically necessary.