

Case Number:	CM14-0045465		
Date Assigned:	06/27/2014	Date of Injury:	04/06/2011
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehab and is licensed to practice in Nevada. 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 53-year-old female who was reportedly injured on April 6, 2011. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated April 24, 2014, indicates that there are ongoing complaints of numbness and tingling of the right upper extremity. The physical examination demonstrated decreased cervical spine range of motion and decreased sensation on the dorsal radial aspect of the right forearm. There was tenderness over the right deltoid region. A repeat magnetic resonance image of the cervical spine was recommended. Diagnostic imaging studies dated May 9, 2014, indicates moderate to severe foraminal stenosis at C5-C6 and mild central canal and bilateral foraminal stenosis at C4-C5. Previous treatment includes physical therapy and an epidural steroid injection of the cervical spine. A request had been made for a magnetic resonance image of the cervical spine and was not certified in the pre-authorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: According to the medical record the injured employee has had a previous cervical spine magnetic resonance image dated December 2011. Progress notes do not indicate that there has been any worsening or change of the injured employee symptoms since the date of that study. The American College of Occupational and Environmental Medicine only recommends a magnetic resonance image (MRI) in the presence of red flags, individuals over 65, or chronic conditions which are not improving. Considering an MRI was already performed for conditions which were not improving and there has been no change since that time, this request for a repeat MRI the cervical spine is not medically necessary.