

Case Number:	CM14-0052275		
Date Assigned:	07/09/2014	Date of Injury:	10/21/2010
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics and is licensed to practice in New York. 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 54-year-old woman with a date of injury of 5/16/13. She was seen by her physician on 3/24/14 with complaints of neck pain, low back pain and worsening arm pain and numbness (on the left greater than the right). She is status post anti-inflammatory medications, physical therapy, chiropractic techniques and an epidural injection on 2/13. She is status post magnetic resonance imaging (MRI) on the cervical spine in 11/12 showing C5-6 disc protrusion with retrolisthesis and moderate spinal stenosis. Electromyography (EMG) in 6/13 showed mild ulnar mononeuropathy of the elbow. Her physical exam showed pain with palpation of C5-6 paraspinal muscles and spasms. She had limited range of motion (60-70% of normal) with normal strength, sensation and reflexes. Her Spurling's test was positive. Her diagnoses included C5-6 disc protrusion with radiculopathy and radiculitis, continued neck and upper extremity pain, worsening in spite of 'excellent conservative care'. At issue in this review is the request for a repeat open MRI.

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 Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a magnetic resonance imaging (MRI) of the cervical spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. She has normal strength, sensation and reflexes. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. She has had prior MRI and electromyography (EMG). In the absence of physical exam evidence of red flags, a repeat MRI of the cervical spine is not medically indicated.