

Case Number:	CM14-0063683		
Date Assigned:	07/11/2014	Date of Injury:	06/03/2009
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 50 year old woman with a date of injury of 6/3/09. She was seen by her primary treating physician on 3/13/14 with worsening neck pain with radiation down her left arm and hand. She was working. She is status post MRI of the cervical spine in 7/09 showing degenerative disc disease with a 3-4mm bulge at C5-6 but no evidence of spinal stenosis. Her physical exam showed flexion to 40 degrees and extension to 31 degrees. She was tender over the paracervical muscles from C2-6 and the facet joints. She had a positive shoulder impingement sign on the left with tenderness. She had lumbar spine tenderness from L1-S1. Her diagnoses included strain, sprain and enthesopathy of the cervicothoracic spine. At issue in this review is the request for a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of 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): Treatment Index, 11th Edition (web) 2013, Neck and Upper Back Guidelines.

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 and left arm pain is for a 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. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure and an MRI was completed in 2009. In the absence of physical exam evidence of red flags, a repeat MRI of the cervical spine is not medically indicated.