

Case Number:	CM14-0076255		
Date Assigned:	07/16/2014	Date of Injury:	04/02/1994
Decision Date:	10/10/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/25/2014

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 and Rehabilitation 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 records presented for review indicate that this 65-year-old female was reportedly injured on April 2, 1994. The most recent progress note, dated April 24 2012 indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities. Current medications include Norco. The physical examination demonstrated decreased cervical spine range of motion and palpable trigger points along the head and neck. There was a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine dated May 3, 2012, revealed a prior fusion at C5 - C6 and disc protrusions at C3 - C4, C4 - C5, and C6 - C7 all without spinal cord compression. Previous treatment includes a cervical spine fusion at C5 - C6, a lumbar spine IDET procedure, a right and left knee arthroscopy, a left knee unicompartment arthroplasty, a right knee total knee arthroplasty, and intrathecal pain pump, lumbar facet blocks, and a right carpal tunnel release. A request had been made for an MRI the cervical spine and was not certified in the pre-authorization process on May 16, 2014.

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): 177-178, 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: According to the attached medical record the injured employee had complaints of cervical spine pain with a normal upper extremity neurological examination on April 24, 2012. Additionally, an MRI the cervical spine was performed on May 3, 2012. There is no documentation of any worsening cervical spine pain or upper extremity symptoms since that date. As such, this request for a repeat MRI the cervical spine is not medically necessary.