

Case Number:	CM14-0082212		
Date Assigned:	09/18/2014	Date of Injury:	06/15/2011
Decision Date:	10/17/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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:

51-year-old female claimant sustained a work injury on June 15, 2011 involving the cervical spine. She was diagnosed with cervical radiculopathy and pseudoarthrosis. She underwent a cervical anterior discectomy and fusion in January 2012. She had an MRI of the cervical spine in February 2014, which showed evidence of stability of confusion and multilevel disc bulges. A progress note of April 22, 2014 indicated the claimant had profound tenderness in the cervical spinous process of C7 and positive axial head compression testing bilaterally. The request was made for another CT scan of the cervical spine. A prior CT scan of the cervical spine was also done in February 2013 showing foraminal stenosis n the C5 to C7 region. A subsequent request was also made for an MRI of the cervical spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back chapter

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. The claimant had an MRI recently. The request for another MRI of the cervical spine is not medically necessary.