

Case Number:	CM14-0098811		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2013
Decision Date:	09/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 & 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 injured worker is a 35-year-old female who was reportedly injured on March 15, 2013. The mechanism of injury was noted as being hit by falling fence panels. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of neck pain with numbness and tingling in the upper extremities. Current medications were stated to include ibuprofen, hydrocodone, gabapentin and Ducoprene. The physical examination demonstrated decreased sensation on the right C6, C7 and C8 dermatomal distributions as well as slightly decreased motor strength of the right upper extremity. There was a positive Spurling's test to the right. Diagnostic imaging studies of the cervical spine showed a right sided disc protrusion at C4-C5, a left sided disc protrusion at C6-C7 and disc bulging at C5-C6. Previous treatment included physical therapy. A request was made for a magnetic resonance image of the cervical spine and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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, Treatment Index, 11th Edition (Web), 2013, Neck & Upper Back, Magnetic Resonance Imaging (MRI).

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

Decision rationale: According to the medical record, the injured employee has had a recent magnetic resonance image (MRI) of the cervical spine dated July 25, 2013. The American College of Occupational and Environmental Medicine practice guidelines support repeating an MRI of the cervical spine for significant or new radicular or myelopathy symptoms, if both the patient and surgeon are considering prompt surgical treatment and the previous MRI is more than 6 months old. Although the previous MRI of the cervical spine is more than six months old and potential surgery was discussed, there is no evidence that the injured employee's symptoms and physical exam findings were worsening over than any red flags were present. Considering this, this request for a repeat MRI of the cervical spine is not medically necessary.