

Case Number:	CM14-0214517		
Date Assigned:	03/17/2015	Date of Injury:	05/03/2011
Decision Date:	04/22/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 05/03/2011. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 10/27/2014. The documentation of 09/11/2014 revealed the injured worker had pain that radiated to the right shoulder. The injured worker was noted to have a cervical epidural steroid injection with approximately 20% relief. The injured worker had a positive Spurling's on the right. The injured worker had decreased sensation on the right at C6-8. The treatment plan included an MRI of the cervical spine to re-evaluation progression pathology at C5-6 and for surgical consultation. The documentation of 11/25/2014 revealed the injured worker had neck radiculitis. The injured worker was utilizing ibuprofen. The injured worker had a positive Spurling's sign on the right with decreased range of motion of the cervical spine. The injured worker had decreased sensation in the right hand. The motor strength of the upper extremity was intact. The treatment plan included a consultation with a spine specialist and an MRI of the cervical spine to check on the injured worker's status. The diagnoses included cervical spine sprain and strain, disc osteophyte complex C5-6, and upper thoracic sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is not routinely recommended. It is recommended when there is a significant change in symptoms or findings suggestive of significant pathology. The clinical documentation submitted for review failed to provide that there was a significant change in symptoms or findings of a significant pathology. Given the above, the request for 1 MRI of the cervical spine is not medically necessary.