

Case Number:	CM14-0083891		
Date Assigned:	07/21/2014	Date of Injury:	05/09/2012
Decision Date:	01/30/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 56-year-old man who sustained a work-related injury on May 9, 2012. Subsequently, he developed chronic neck and low back pain. X-ray of the cervical spine revealed small osteophytes mainly at C5-C6, but there was no evidence of advanced significant cervical disc disease. The progress report dated November 21, 2013 indicated that the patient had persistent pain in the low back, which radiates to the lower extremities. The patient had also pain in the neck, which radiates to the upper extremities. The pain in the cervical and lumbar spine was associated with numbness and tingling. The patient was scheduled for another lumbar epidural steroid injection and recently had a recurring cancer and will possibly undergo chemotherapy. According to the progress report dated April 15, 2014, the patient complained of constant pain in the neck and back. There was also pain in the shoulders and wrists. The patient had finished chemotherapy. Examination revealed spasm and tenderness in the cervical spine, lumbar spine, subacromial region, and acromioclavicular joint. There was positive straight leg raising test, Spurling's test, impingement test, Tinel's test, and Phalen's test. The provider requested authorization for cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary (Updated 04/14/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve/root compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.