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| Case Number: | CM15-0003214 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 05/18/2006 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45 year old male who sustained an industrial injury on 05/18/2006. Diagnoses include cervical spine injury, rule out disc pathology, vertigo and lumbar spinal injury status post fusion surgery with hardware placement at L4-5 level. Treatment to date has included medications, and a home exercise program. The treating provider is requesting and Magnetic Resonance Imaging of the cervical spine. A physician progress note dated 11/19/2014 the injured worker is complaining about the pain in his neck and lumbar spine is getting worse. He is also having problems sleeping. The lumbar paraspinal and the cervical paraspinal are tender to palpation. There are spasms along the paraspinal muscles. On 12/08/2014 Utilization Review non-certified the request for MRO of the cervical spine citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM).

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 cite any medical evidence for its decision.

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 compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.