

Case Number:	CM15-0003992		
Date Assigned:	01/15/2015	Date of Injury:	01/05/2010
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 65-year-old female who reported an injury on 01/05/2010. Additional prior therapies included physical therapy, massage therapy, a TENS unit trial, stretching exercises, and medications. The mechanism of injury was cumulative trauma. The injured worker was noted to have a prior cervical MRI in 2009. The documentation of 11/14/2014 revealed the injured worker was having more neck pain. The quality of sleep was poor. The physical therapy sessions were not helping and the patches were no longer working. The injured worker's medications included Lidoderm 5% patch apply 12 hours per day, Norco 5/325 mg tablets 1 half to 1 tablet 3 times a day as needed, and Sovaldi 400 mg 1 at bedtime. The physical examination revealed decreased range of motion of the cervical spine. The injured worker had spasm and tenderness in the right side of the paravertebral muscles. The injured worker had tenderness in the rhomboids and trapezius. The Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. The injured worker had a trigger point with radiating pain and a twitch response upon palpation at the trapezius muscles bilaterally. The motor strength was 4+/5 on the right in the elbow flexors, elbow extensor strength was 4/5, and shoulder flexor strength was 4/5. The injured worker had light touch sensation decreased over the ring finger, long finger, medial hand, and lateral shoulder on the right side. The injured worker's reflexes revealed 0/4 bilaterally in the biceps, brachioradialis, and triceps. The diagnoses included cervical radiculopathy and disc disorder, cervical. The documentation indicated after reviewing the MRI scans, including the new scan, that there would be a consideration for appropriate interventional spinal procedures. Surgical history was

noncontributory. The documentation of 10/10/2014 revealed the initial request for an MRI of the cervical spine. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) for the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, magnetic resonance imaging (MRI)

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, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is recommended when there is documentation of a significant change in the symptomatology or objective findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the request had been made for comparative purposes and to evaluate the need for epidural steroid injections or other therapies. There was a lack of documentation of a significant change in symptomatology or objective findings. Given the above, the request for MRI (magnetic resonance imaging) for the cervical spine without contrast is not medically necessary.