MAXIMUS Federal Services

Case Number:	CM15-0008704		
Date Assigned:	01/26/2015	Date of Injury:	01/20/2012
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
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 51-year-old female who reported an injury on 01/20/2012. The mechanism of injury involved a fall. The current diagnoses include probable cervical disc disease at C5-7, broad based disc bulge at L4-S1, possible right cervical radiculopathy, possible mild left lumbar radiculopathy, low back pain, mild spondylolisthesis, left knee partial ACL tear, probable meniscus tear, chondromalacia patellae, and cervical/lumbar muscle spasm. The injured worker presented on 09/04/2014 with complaints of low back pain, neck pain, and left knee pain. The injured worker has been previously treated with a lumbar epidural steroid injection and medications. The injured worker was utilizing Soma, Gabapentin, and Norco. Upon examination of the cervical spine, there was mild to moderate muscle spasm, 45 degree flexion, 40 degree extension, 70 degree right and left rotation, 45 degree right and left lateral bending, positive foraminal compression test, and positive Spurling's test. There was 1+ brachioradialis deep tendon reflex on the right, as well as diminished sensation in the lateral aspect of the arm. There was trace weakness in the C5, C6, and C7 dermatomal distributions. Recommendations at that time included an MRI of the cervical and lumbar spine as well as an MR arthrogram of the left knee.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a failure of conservative treatment for the cervical spine to include active rehabilitation. In the absence of conservative treatment prior to the request for an imaging study, the current request is not medically appropriate. As such, the request for an MRI of the cervical spine is not medically necessary at this time.