

Case Number:	CM15-0009858		
Date Assigned:	01/27/2015	Date of Injury:	08/01/2012
Decision Date:	03/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old male who sustained a work related injury on August 1, 2012, after a heavy lifting incident. Treatments included physical therapy sessions, chiropractic therapy and medications. He complained of neck stiffness, lower back pain and cramping in all four extremities. Diagnoses were cervical disc protrusions and cord compression resulting in stenosis and severe cervical myelopathy revealed on a Magnetic Resonance Imaging (MRI) performed on February 19, 2013. Currently, the injured worker complained of neck and shoulder pain, numbness and weakness of arms and legs, balance problems and urinary problems. On January 8, 2015, a request for a services of a Magnetic Resonance Imaging (MRI) of the Cervical Spine without contrast was non-certified by Utilization Review, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation ODG 2014 (neck).

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

Decision rationale: Yes, the proposed cervical MRI without contrast was medically necessary, medically appropriate, and indicated here. As noted in MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI imaging of the cervical spine is recommended to help validate the diagnosis of nerve root compromise, based on the clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider, a neurosurgeon, had given the applicant a diagnosis of severe cervical myelopathy. The applicant's presentation of May 15, 2014 was notable for weakness about the upper extremities, coupled with ongoing complaints of neck pain and upper extremity paresthesias. The requesting provider, neurosurgeon, did seemingly suggest that he was intent on acting on the results of the proposed cervical MRI and was seeking to pursue surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.