

Case Number:	CM15-0130246		
Date Assigned:	07/16/2015	Date of Injury:	06/16/2005
Decision Date:	08/12/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: Emergency 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 61 year old female who sustained an industrial injury on 06/16/2005. Mechanism of injury was not documented. Diagnoses include cervical disc displacement, cervical post-laminectomy syndrome, lumbar inter-vertebral disc displacement without myelopathy, tear of the lateral cartilage and-or meniscus of the knee, sciatica, diffuse cervicobrachial syndrome, and depression. Treatment to date has included diagnostic studies, and medications. Medications include Norco, Methadone, Ibuprofen, Alprazolam, Celebrex, and Wellbutrin XL. Cymbalta was stopped due to dizziness. A physician progress note dated 06/10/2015 documents the injured worker has increased back pain radiating into both lower legs. The injured worker complains of neck pain radiating into the posterior occipital area associated with headaches, and left shoulder pain which radiates all the way down her left arm. She has problems with her teeth due to the numerous medications. On examination there is tenderness over the C6 and C7 cervical areas. Back range of motion is restricted. Her left biceps reflex is depressed and both ankle jerks are depressed. Treatment requested is for a Magnetic Resonance Imaging of the cervical spine.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI of the cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has increased back pain radiating into both lower legs. The injured worker complains of neck pain radiating into the posterior occipital area associated with headaches, and left shoulder pain which radiates all the way down her left arm. She has problems with her teeth due to the numerous medications. On examination there is tenderness over the C6 and C7 cervical areas. Back range of motion is restricted. Her left biceps reflex is depressed and both ankle jerks are depressed. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, or muscle strength. The criteria noted above not having been met, MRI of the cervical spine is not medically necessary.