

Case Number:	CM15-0130391		
Date Assigned:	07/16/2015	Date of Injury:	01/25/2006
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
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: Pennsylvania, Ohio, 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 a 57-year-old male who sustained an industrial injury on 1/25/2006 resulting in neck and bilateral arm pain. He was diagnosed with degenerative disc disease. Documented treatment has included C5-6 anterior cervical discectomy and fusion; and, C6-7 fusion, failed at C7. The injured worker has recently complained of radiating electrical sensations down both upper extremities into the hands, with left side being worse; weakness; and, clumsiness with hands. The treating physician's plan of care includes a cervical MRI without contrast. Work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline

particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. A prior review noted that there are no clear findings objective neurological change to support a repeat MRI. However, the patient has reported worsening dexterity in the hands in the setting of a prior failed cervical fusion and recently worsened neuropathic pain symptoms in the arms. These are red flag findings for a possible myelopathy or radiculopathy. The request is medically necessary.