

Case Number:	CM15-0131168		
Date Assigned:	07/17/2015	Date of Injury:	04/22/2015
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 50 year old male, who sustained an industrial injury on 4/22/2015. Diagnoses include cervical spine disc herniation at C5-6 and lumbar spine disc herniation at L5-S1. Treatment to date has included conservative treatment including physical therapy, medications and activity modification. Per the Primary Treating Physician's Progress Report dated 6/04/2015, the injured worker reported continued neck pain located primarily in the neck with radiation to the arms. Physical examination of the cervical spine revealed tenderness along the trapezius muscle bilaterally with marked spasm and decreased range of motion. X-rays of the cervical spine were read by the provider as showing advanced loss of cervical lordosis. The plan of care included diagnostics and authorization was requested for magnetic resonance imaging (MRI) 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 cervical spine: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, a cervical MRI may be necessary. In this case, there is no evidence of red flags or nerve impairment on physical exam. There is no documentation of failure to progress with conservative treatment. The request for MRI cervical spine is not medically necessary.