

Case Number:	CM15-0131842		
Date Assigned:	07/20/2015	Date of Injury:	09/05/2010
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on September 5, 2010. She reported pain in her neck and lower back. Treatment to date has included MRI of the lumbar spine, MRI of the cervical spine on January 31, 2014, medications, chiropractic therapy and work restrictions. Currently, the injured worker complains of low back pain and neck pain. On physical examination, the injured worker has tenderness to palpation over the cervical spine and the lumbar spine. She reports radiation of pain to the bilateral upper extremities and the bilateral lower extremities. An MRI of the cervical spine on January 31, 2014 revealed multi-level cervical spondylosis with fusion at C3-4, posterior disc osteophyte formation at C5-6 with central canal narrowing, and mild flattening of the central cord with no signal abnormality to suggest myelomalacia. The diagnoses associated with the request include low back pain, intervertebral disc disease of the lumbar spine and intervertebral disc disease of the cervical spine. The treatment plan includes work restrictions, MRI of the cervical spine, and Cymbalta.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record does not include any such physical examination findings and no surgical intervention is proposed in the records. Additionally, a MR of the cervical spine was performed 1/31/2014 and there is no substantial documented change in symptoms or physical exam findings since that exam. Cervical MRI is not medically indicated.