

Case Number:	CM15-0133214		
Date Assigned:	07/21/2015	Date of Injury:	05/16/2012
Decision Date:	08/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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:

This injured worker is a 40 year old male, who reported an industrial injury on 5/16/2012. His diagnoses, and or impression, were noted to include: cervical spine sprain/strain with radiculopathy to the right upper extremity; cervicgia; and right shoulder sprain/strain with calcific tendinitis. No current imaging studies were noted. His treatments were noted to include physical therapy; diagnostic studies; psychiatric evaluations and treatment; medication management with toxicology screenings; and noted to have a permanent psychiatric disability as of 5/7/2015. The progress notes of 6/9/2015 reported low back pain that radiated into the right lower extremity, with numbness/tingling, and of neck pain that radiated into her right upper extremity, with numbness/tingling; following physical therapy. Objective findings were noted to include the recommendation for magnetic resonance imaging studies of the cervical spine. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the cervical spine for signs/symptoms of cervical radiculopathy to the right upper extremity.

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 with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: MRI.

Decision rationale: ODG states that MRIs should be reserved for progressive neurologic deficits or symptoms plus radiographs which reveal spondylosis, old fractures or trauma or disc margin destruction. This patient has referred pain in the arm without physical exam findings. There are no cervical spine x-ray interpretations available which describe findings for which ODG would recommend an MRI. Based upon the absence of frank neurologic physical findings and the absence of significant x-ray findings, this request for an MRI is not medically necessary.