

Case Number:	CM15-0136029		
Date Assigned:	07/24/2015	Date of Injury:	10/17/2013
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female, who sustained an industrial injury on October 17, 2013. She reported injuries to her head and hip and reported head pain, wrist pain, neck pain, right upper extremity pain and left lower extremity pain. Treatment to date has included physical therapy, diagnostic imaging and medications. Currently, the injured worker complains of dizziness, neck pain, right upper extremity pain, left hip and leg pain and bilateral hand and foot pain. She rates her pain an 8-9 on a 10-point scale and has associated numbness and pulling. She reports her symptoms are constant and awaken her at night. The evaluating physician notes that the injured worker has severe positional and movement-related dizziness with a negative vestibular evaluation. The evaluating physician noted the opinion that her symptoms are likely cervicogenic in nature. She has chronic neck pain and bilateral upper extremity pain and paresthasias. The evaluating physician noted a concern for myelopathy with paresthasias in the bilateral hands and feet. The diagnosis associated with the request is cervical spine stenosis. The treatment plan includes MRI of the cervical spine, MRI of the lumbar spine, continued Nabumetone and Zofran and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. There is no change in the patient condition compared to previous MRI performed on 2014. Therefore, the request for MRI of the cervical spine is not medically necessary