

Case Number:	CM15-0136934		
Date Assigned:	07/24/2015	Date of Injury:	07/19/2013
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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

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 56-year-old female who sustained an industrial injury on 07/19/2013. Mechanism of injury occurred when she was reaching overhead on a 7-foot ladder. Diagnoses include cervicalgia with cervical radiculopathy and cervical spondylosis with stenosis most severe at C4-5, but also present at C5-6 and C3-4. Treatment to date has included diagnostic studies, medications, work restrictions, rest, heat-ice, chiropractic sessions, physical therapy, occupational therapy, home exercise program, and epidural steroid injections. Current medications include Neurontin, Pristiq, Flexeril, Celebrex and Ibuprofen. An unofficial report of a Magnetic Resonance Imaging of the cervical spine done on 09/16/2013 revealed degenerative disc disease from C3-4 down to C6-7. At C4-5 there is left lateral disc osteophyte complex contouring the spinal cord with bilateral foraminal narrowing, more severe in the left. At C5-6 there is moderate to severe bilateral foraminal stenosis due to degenerative degeneration and spondylosis. At C6-7 there is mild bulging and foraminal narrowing. A physician progress note dated 06/09/2015 documents the injured worker has complaints of neck pain radiating to the left upper extremity, which is associated with weakness, numbness and a burning sensation. She also has pain that radiates from her neck into her left scapula and left shoulder down the posterior triceps to the elbow. She has pain and numbness and burning intermittently into the thumb second and third digits of the left hand and occasionally into the fourth and fifth digits. She has occasional weakness. She has also noted some numbness in her face with travel from the neck up the chin. On examination, there is diminished range of motion of the cervical spine with mild pain upon palpation posteriorly. Sensation is diminished to light touch over the bilateral V to T1

distributions of the face as well as the left thumb, second and fourth digits of the hand. The treatment plan is for a Magnetic Resonance Imaging of the cervical spine to make sure that the stenosis has not worsened. Treatment requested is for 1 MRI of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine without contrast: Upheld

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

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

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flags or significant changed subjective/objective findings to support a repeat MRI. In the absence of such documentation, the requested cervical MRI is not medically necessary.