

Case Number:	CM15-0139536		
Date Assigned:	07/29/2015	Date of Injury:	03/03/2011
Decision Date:	09/15/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 3-3-11. The diagnoses have included cervicalgia, migraines, history of cervical spine surgery in 1999, and ulnar nerve neuropathy. Treatment to date has included medications, activity modifications, work modifications, diagnostics, bracing, and other modalities. Currently, as per the physician progress note dated 1-22-15, the injured worker is for follow up for the cervical spine. The physician notes that he recommends a second opinion from an orthopedic spine surgeon. The diagnostic testing that was performed included previous Magnetic Resonance Imaging (MRI) of the cervical spine, which is not noted in the records. The objective findings reveal that there is a positive Tinel's sign over the Guyon's canal, there is tenderness to palpation over the ulnar nerve, and there is decreased grip power on the right with readings of 30 and 20 on the right and readings of 60 and 70 on the left. There is slightly diminished sensation on the right and she gets dizzy with head movement to the left. The physician requested treatment included Magnetic Resonance Imaging (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:

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 167-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) CT, MRI.

Decision rationale: This is a review for the requested MRI of the cervical spine without contrast. According to the medical documentation, this patient has had ongoing treatment for issues related to cervical spine injury/pain for several years. The patient's history includes neuropathy, radiculopathy and weakness in her upper extremities. According to the ACOEM, in the absence of an evaluation for potential red flags such as fracture, tumor, infection or possible cervical spinal cord compromise the recommendation is for consideration of a discussion with a consultant regarding the next step or steps, which includes the selection of imaging tests. According to the ODG the indications for an MRI of the cervical spine in cases of evaluation of patients with chronic neck pain, plain radiographs should be the initial study performed. Therefore, the above listed issue is NOT medically necessary.