

Case Number:	CM15-0142526		
Date Assigned:	08/03/2015	Date of Injury:	10/07/1999
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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 73-year-old male who sustained an industrial/work injury on 10-7-99. He reported an initial complaint of neck pain. The injured worker was diagnosed as having carpal tunnel syndrome, tibia fracture, left inguinal hernia, meniscus tear, status post knee arthroplasty and cervical spondylosis. Treatment to date includes medication, chiropractic care, and physical therapy. Cervical x-ray results were reported to demonstrate mild spondylosis with no fractures or subluxations. Currently, the injured worker complained of mild posterior neck pain described as burning and cramping. There were radicular symptoms that radiated down the right arm with neck movements. Per the primary physician's report (PR-2) on 6-22-15, exam noted strength of 5 out of 5, intact sensation of upper extremities, no crepitus, masses, or effusions. The requested treatments include MRI (magnetic resonance imaging) of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine MRI is not indicated. The request for MRI of cervical spine is not medically necessary and appropriate.