

Case Number:	CM15-0147851		
Date Assigned:	08/10/2015	Date of Injury:	10/09/2013
Decision Date:	09/08/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

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 66 year old male, who sustained an industrial injury on 10-09-2013. He reported whiplash in his neck, after hitting a wall while working as a heavy machine operator. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, and cervical strain. Treatment to date has included diagnostics, in-home traction, cervical spine injection, physical therapy, and medications. Currently, the injured worker complains of neck pain and feeling no better. The pain was located in the posterior neck bilaterally and symptoms were constant. The pain radiated down the forearms bilaterally. Associated symptoms included decreased range of motion in the neck, muscle spasm, and neck stiffness. Exacerbating symptoms included neck movement. He reported that a second opinion (for cervical spinal surgery) would not be scheduled until a new magnetic resonance imaging scan was done. Exam of the cervical spine noted tenderness at the left and right paraspinals and bilateral muscle spasm. Range of motion was decreased and painful and normal sensation, grip, and reflexes were noted. The treatment plan included magnetic resonance imaging of the cervical spine without contrast. Work status was modified with restrictions. Previous magnetic resonance imaging of the cervical spine (2-11-2014) was documented as showing C5-6 with 3mm left paracentral- foraminal disc component causing severe narrowing of the left neural foramen, with compression against the left C6 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - MRI (Magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work-related injury in October 2013 and is being treated for chronic neck pain with upper extremity radiating symptoms. An MRI of the cervical spine in February 2014 included findings of a left lateralized C5/6 disc herniation. Surgery has been recommended. When seen, there was decreased and painful cervical spine range of motion. There was cervical and thoracic tenderness with muscle spasms. No neurological deficits were reported. Guidelines recommend against a repeat cervical spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had a cervical spine MRI. There is no new injury or significant change in his condition and no identified red flags that would indicate the need for a repeat scan. Surgery has previously been recommended and additional imaging would not be expected to change that recommendation. The request was not medically necessary.