

Case Number:	CM15-0149661		
Date Assigned:	08/12/2015	Date of Injury:	12/06/1999
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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 52 year old male, who sustained an industrial injury on 12-06-1999. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-22-2015 the injured worker has reported neck and bilateral arm pain with bilateral weaknesses in arms, and cramps in arms and legs. On examination of the cervical spine revealed a decreased range of motion and paracervical tenderness. Parathoracic and paralumbar tenderness was noted as well. Lower thoracic, lumbar and cervical spasms were noted. The diagnoses have included chronic cervical pain -status post C5-C6 cervical discectomy with solid fusion at C5-C6, chronic bilateral upper extremity radiculopathy symptoms, chronic post-traumatic headaches with probable cervicogenic component, chronic vertigo and tinnitus, and chronic C6-C7 and S1 radiculopathy. Treatment to date has included medication. The injured worker was noted to be on modified duty. The provider requested MRI scan 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 scan of the Cervical Spine: Upheld

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

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 if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no evidence of change in the patient's conditions, since his prior cervical MRI performed in 2013, suggestive of a new pathology. Therefore, the request for an MRI of cervical spine is not medically necessary.