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| Case Number: | CM15-0160801 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 05/31/2007 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/31/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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: Emergency 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 74-year-old female, who sustained an industrial injury on 5-31-2007. Diagnoses include left C6 and C7 radiculopathy, C4-7 stenosis and chronic intractable pain. Treatment to date has included diagnostics, physical therapy and medications. Current medications include Anaprox, Zanaflex, Norco and ibuprofen. Magnetic resonance imaging (MRI) of the cervical spine dated 4-1-2013 was read by the evaluating provider as multilevel spondylosis and neural foraminal stenosis with reversal of normal cervical lordosis. Per the Orthopedic Spine Surgery Narrative Progress Report dated 7-23-2015, the injured worker reported neck pain and right shoulder pain. Physical examination of the cervical spine and upper extremities revealed evidence of tenderness or spasms of the cervical paravertebral muscles, over the trapezius musculature bilaterally and the interscapular space. Shoulder examination revealed no palpable tenderness. The plan of care included open magnetic resonance imaging (MRI) due to severe claustrophobia. Authorization was requested for open 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:

Open MRI of the cervical spine without contrast: 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): 178-179.

Decision rationale: The requested Open MRI of the cervical spine without contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck pain and right shoulder pain. Physical examination of the cervical spine and upper extremities revealed evidence of tenderness or spasms of the cervical paravertebral muscles, over the trapezius musculature bilaterally and the interscapular space. Shoulder examination revealed no palpable tenderness. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling sign or deficits in dermatomal sensation, reflexes or muscle strength, nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, Open MRI of the cervical spine without contrast is not medically necessary.