

Case Number:	CM15-0162687		
Date Assigned:	08/31/2015	Date of Injury:	09/24/1997
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 64 year old female who sustained an industrial injury on 9-24-97. Progress report dated 7-14-15 reports complaints of numbness and tingling into the left ram and hand occasionally going into fingers one through three. On the right side her entire hand and arm goes numb in particular with moving her head to the right. The trigger point injections done at the last visit were not helpful. Diagnoses includes: multifactorial chronic pain with prior history of C6-7 foraminal stenosis, some recurrence of C7 and to a lesser extent C6 radiculopathy, right rotator cuff repair with left partial rotator cuff tear and bilateral de Quervain's and bilateral epicondylitis. Plan of care include: if MRI was not done in the last year will refer to spine surgeon, continue medications and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of cervical spine qty 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker had an MRI on 9/17/13. She has experienced increase numbness and decreased use of the right arm and hand. Due to the interval changes since the prior MRI, an updated MRI is warranted at this time. The request for repeat MRI of cervical spine qty 1.00 is determined to be medically necessary.