

Case Number:	CM15-0167274		
Date Assigned:	09/11/2015	Date of Injury:	01/09/2014
Decision Date:	10/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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 56 year old female, who sustained an industrial injury on 1-09-2014. The injured worker was diagnosed as having cervicalgia, cervical stenosis, and cervical radiculopathy. Treatment to date has included diagnostics, chiropractic, cervical epidural on 6-23-2015, and medications. Currently (7-15-2015), the injured worker complains of neck pain, with radiation down her left arm. She stated that the swelling in her legs was overall decreased but she still had pain and was not interested in any more epidurals. Her pain was rated 6 out of 10. It was documented that she tried Soma and Tramadol with good relief. Exam of the head and neck noted positive Spurling test, with radiation to the base of the left neck. She had decreased range of motion with extension by 50%, tenderness over the cervical paraspinal muscles and left trapezius, along with decreased sensation and strength in the left C6-7 distribution. Magnetic resonance imaging of the cervical spine (2-2014) was documented to show a 2mm left posterior disc protrusion at C6-7, causing moderate left lateral recess narrowing and severe proximal left foraminal narrowing. Work status was modified with restrictions. The Qualified Medical Evaluation (11-24-2014) referenced progress notes with complaints of neck pain with radiation into the left upper extremity (posterior upper arm, forearm, and hand) since at least 2-19-2014. The treatment plan included magnetic resonance imaging of the cervical spine without contrast, non-certified by Utilization Review on 7-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

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. The patient's prior cervical MRI performed on February 7, 2014 revealed a small left disc protrusion at C6-7 causing high-grade foraminal stenosis. There is no clear evidence of significant change in the patient's signs or symptoms suggestive of new pathology. Therefore, the request for an MRI of cervical spine without contrast is no medically necessary.