

Case Number:	CM15-0169267		
Date Assigned:	09/09/2015	Date of Injury:	08/14/2014
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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 35 year old female, who sustained an industrial injury on August 14, 2014. She reported neck pain and spasm with radiating pain and numbness to the left hand and fingers. The injured worker was diagnosed as having cervical radiculitis and cervical disc herniation. Treatment to date has included diagnostic studies, medications and work restrictions. Currently, the injured worker continues to report neck pain and spasm with radiating pain and numbness to the left hand and fingers. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 4, 2015, revealed increased neck spasms and decreased range of motion in all planes. There was radiating pain noted to the left hand and fingers. Evaluation on June 5, 2015, revealed piercing, sharp pain in the neck. It was noted she remained off work. Evaluation on August 5, 2015, revealed continued persistent cervical spine symptoms. No pain assessments were provided containing visual analog scales (VAS) and the PR-2s were hand written and difficult to decipher. The RFA on included a request for MRI of the cervical spine Qty: 1 and was non-certified on the utilization review (UR) on August 18, 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 Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 member sustained a work injury in August 2014 and is being treated for neck pain with radiating pain and numbness into the left upper extremity. An MRI of the cervical spine was done in November 2014 with findings of up to minimal foraminal narrowing at C5-6 and minimal disc bulging at C6-7. A right cervical transforaminal epidural injection was done in April 2015. When seen, there had been modest improvement after a second epidural steroid injection. She was having ongoing radiating left upper extremity symptoms. Physical examination findings included increased cervical muscle spasms with decreased range of motion. There were left dysesthesias along a C6 distribution. Electrodiagnostic testing and a repeat cervical spine MRI were requested. 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 which does not correlate with her symptoms. There is no new injury or significant change in her condition and no identified red flags that would indicate the need for a repeat scan. Electrodiagnostic testing was also requested which appears appropriate in terms of the next step in her care. The requested scan was not medically necessary.