

Case Number:	CM15-0169980		
Date Assigned:	09/10/2015	Date of Injury:	08/03/2001
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This injured worker is a 48 year old female who sustained an industrial injury on 08-01-2001. The injured worker was diagnosed as having possible cervical spine stenosis, neuropathy and complex regional pain syndrome. On medical records dated 07-28-2015 and 07-09-2015, the subjective findings noted increase of pain and burning on right side of body of the last three months. The pain was noted to start in ankle and work up. The injured worker noted that the pain was managed by medication intermittently. Objective-physical findings on neuro exam revealed 4 out of 5 strength in the right upper extremity and right lower extremity. The injured worker underwent lumbar x-ray on 03-16-2015. Treatments to date included lumbar spine surgery 2009, ankle surgery 2007 and 2012 and medication. The Utilization Review (UR) dated 08-07-2015, and the Request for Authorization was dated 07-28-2015. The UR submitted for this medical review indicated that the request for one MRI of the cervical spine was non-certified. The reviewing physician noted that cervical spine MRI's are recommended for patient with neurologic findings or ligament instability, also after other diagnostic studies have been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The requested One MRI of the cervical spine, 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 an increase of pain and burning on right side of body of the last three months. The pain was noted to start in ankle and work up. The injured worker noted that the pain was managed by medication intermittently. Objective-physical findings on neuro exam revealed 4 out of 5 strength in the right upper extremity and right lower extremity. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation and reflexes. The criteria noted above not having been met, One MRI of the cervical spine is not medically necessary.