

Case Number:	CM15-0180910		
Date Assigned:	09/22/2015	Date of Injury:	02/06/2013
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 2-6-13. The injured worker was diagnosed as having cervical spine degenerative disease at C5-6 and C7. An MRI was performed in 2013. Treatment to date has included medication. Physical examination findings on 4-27-15 included limited cervical spine range of motion. A radiological study revealed arthritis at C6-7 greater than C5-6. Some soft tissue calcification was also noted. Currently, the injured worker complains of neck pain and shoulder pain with paresthesias into her hand. On 8-21-15, the treating physician requested authorization for a MRI of the cervical spine. On 8-27-15, the request was non-certified; the utilization review physician noted, "no examination for the development of a cervical radiculopathy is documented."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record does not include any such physical examination findings and no surgical intervention is proposed in the records. Additionally, a cervical MRI was performed in 2013 and there is no documentation of substantial change in symptoms since the 2013 MRI was performed. Cervical MRI is not medically necessary.