

Case Number:	CM15-0183075		
Date Assigned:	09/23/2015	Date of Injury:	03/28/2005
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California

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 55 year old male, who sustained an industrial injury on 3-28-2005. The injured worker is undergoing treatment for: chronic pain, cervical radiculopathy, multi-level cervical spine stenosis, lumbar spine disc herniation with bilateral radiculopathy. Dates of records reviewed included: 11-24-2014 to 9-9-2015. On 7-10-15, he reported neck pain with radiation into the bilateral upper extremities, and low back pain with radiation into the bilateral lower extremities. Physical findings revealed the neck to be positive for spurling's maneuver bilaterally, tenderness and decreased range of motion of the cervical spine, and tenderness and spasms in the low back. The provider noted the latest studies to be 2 years old and was requesting updated electrodiagnostic studies and magnetic resonance imaging of the cervical and lumbar spines. On 7-23-15 he reported pain and poor sleep. He is noted to have limited cervical spine range of motion and decreased lumbar range of motion, positive straight leg raise testing, and he is noted to be utilizing a wheelchair. On 8-17-15, he reported neck pain with radiation into the upper extremities. The treatment and diagnostic testing to date has included: medications, urine toxicology screening (3-13-14 and 6-13-15), bloodwork (6-2014), wheelchair, magnetic resonance imaging of the cervical spine (date unclear), and electrodiagnostic studies (date unclear). Medications have included: topical creams, Bupropion, Klonopin, Ambien, Atenolol, Dexilant, Gaviscon, Miralax, Simethicone, Gemfibrozil, Aspirin, Gabapentin, Tizanidine, Relistor, Topamax, Celebrex. Current work status: off work. The request for authorization is for: magnetic resonance imaging of the cervical spine. The UR dated 8-24-15: non-certified the request for magnetic resonance imaging of the cervical spine.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter, Cervical & Thoracic Spine Disorders, MRI..

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. The claimant had a prior MRI which indicated neural foraminal narrowing at an unknown time prior to February 2015 (but at least a year from the current request). There was a plan for surgery due to the radiculitis and an updated MRI of the cervical spine is appropriate and medically necessary.