

Case Number:	CM15-0184835		
Date Assigned:	09/25/2015	Date of Injury:	05/07/2013
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, Occupational 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 is a 49 year old male with a date of injury on 5-7-2013. A review of the medical records indicates that the injured worker is undergoing treatment for sprain of neck, shoulder sprain-strain, thoracic sprain-strain and lumbar sprain-strain. According to the neurosurgical consultation dated 7-10-2015, the injured worker complained of constant headaches. He complained of neck pain and upper and lower back pain. He reported that his shoulders swell and pop when he moved them. He rated his neck and low back pain seven out of ten. The physical exam (7-10-2015) revealed cervical range of motion was full with pain in all motion. Gait was antalgic. Lumbar range of motion was restricted. He was weak in all four extremities. Per the progress report dated 7-22-2015, the injured worker complained of neck pain radiating into both shoulders and down the entire upper extremities bilaterally into the fingertips. He complained of glove type numbness in both hands. He complained of upper and lower back pain, which radiated into the hips and down the back of both thighs to the calves. Per the treating physician (7-22- 2015), the injured worker was temporarily totally disabled. Treatment has included physical therapy, epidural steroid injection and medications. The physician noted (7-10-2015) "cervical magnetic resonance imaging (MRI) is substantially out of date. His most recent study of June 24, 2014 demonstrates what appears to be opacification of the posterior longitudinal ligament." The request for authorization dated 8-13-2015 included magnetic resonance imaging (MRI) of the cervical spine. The original Utilization Review (UR) (8-27-2015) denied a request for magnetic resonance imaging (MRI) 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 without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013 Practice Guidelines, Clinical Measures, Diagnostic Investigations, Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines support the use of cervical MRI scans if there is substantial evidence of nerve dysfunction and/or it is necessary for possible procedural planning. ODG Guidelines are more specific in addressing the medical necessity for repeat MRI studies. The ODG Guidelines state that there should be substantial change in an individual's condition. These Guideline standards are met with this request. The request is from a consulting neurosurgeon who notes that the prior MRI showed early cord compression and the individual has increased symptoms of possible central cord syndrome (increasing hand numbness) and questionable changes in long track findings. Given the prior MRI findings and current clinical status, the request for the updated cervical MRI is medically necessary.