

Case Number:	CM15-0189538		
Date Assigned:	10/01/2015	Date of Injury:	07/16/2009
Decision Date:	11/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female with a date of industrial injury 7-16-2009. The medical records indicated the injured worker (IW) was treated for cervical spine disc bulge. In the progress notes (8-12-15), the IW reported pain in the neck, bilateral shoulders and bilateral upper extremities. On examination (8-12-15 notes), sensation was diminished to the right mid anterior thigh, right lateral calf and right lateral ankle. Treatments included cervical medial branch nerve blocks at bilateral C4 through C8 (2011); chiropractic and shockwave therapy (2013). Electrodiagnostic testing of the upper extremities on 5-26-15 was positive for mild left carpal tunnel syndrome and mild left cubital tunnel syndrome. There was no documentation of previous imaging or recent changes in the IW's symptoms. A Request for Authorization was received for an MRI of the cervical spine. The Utilization Review on 9-1-15 non-certified the request for an 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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. The rationale/indication for the requested cervical MRI are not apparent. This request is not medically necessary.