

Case Number:	CM15-0196600		
Date Assigned:	10/12/2015	Date of Injury:	03/01/2013
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 63 year old female, who sustained an industrial injury on March 1, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having localized primary osteoarthritis of pelvic region and thigh, lumbar disc displacement without myelopathy, neuralgia and neuritis unspecified site, lumbar or lumbosacral disc degeneration and lumbosacral spondylosis. Treatment to date has included diagnostic studies, surgery and medications. In 2014, a cervical MRI revealed multilevel cervical spondylosis, varying degrees of foraminal stenosis, multiple broad-based disc bulges C4-C5 and C5-C6. There was more prominent central right paracentral C6-C7 disc protrusion, mild to moderate central stenosis, no cord signal change, bilateral foraminal stenosis and multilevel cervical facet arthropathy with evidence of facet synovitis at C2-C3. On August 31, 2015, the injured worker complained of ongoing back symptoms, limitations in cervical lateral flexion and rotation range, low back symptoms, intermittent right leg pain and a sense of restlessness in the right leg. She has some degree limitation in cervical extension and rotation as well as lateral flexion. Notes indicated that with her history of lumbar and right leg symptoms, she continues to struggle with lumbar issues. The treatment plan included an updated cervical and lumbar MRI. Notes stated that she has not had any updated diagnostic studies done for "quite some time." On September 9, 2015, utilization review denied a 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 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: The requested MRI 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". In 2014, a cervical MRI revealed multilevel cervical spondylosis, varying degrees of foraminal stenosis, multiple broad-based disc bulges C4-C5 and C5-C6. There was more prominent central right paracentral C6-C7 disc protrusion, mild to moderate central stenosis, no cord signal change, bilateral foraminal stenosis and multilevel cervical facetarthopathy with evidence of facet synovitis at C2-C3. On August 31, 2015, the injured worker complained of ongoing back symptoms, limitations in cervical lateral flexion and rotation range, low back symptoms, intermittent right leg pain and a sense of restlessness in the right leg. She has some degree limitation in cervical extension and rotation as well as lateral flexion. The treating physician has not sufficiently documented physical exam findings indicative of neither cervical radiculopathy, nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI cervical spine is not medically necessary.