

Case Number:	CM15-0201712		
Date Assigned:	10/16/2015	Date of Injury:	02/22/2005
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old male who sustained an industrial injury on 2-22-2005. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral upper extremity radiculopathy flare up and status post C6-C7 anterior cervical discectomy and fusion (ACDF). According to the progress report dated 8-26-2015, the injured worker complained of increased pain to the cervical spine for approximately two months. The injured worker had seen his primary care provider and had attended three sessions of physical therapy. The injured worker complained of cervical spine pain radiating up into the head and into the bilateral upper extremities with numbness and tingling to both hands. Objective findings (8-26-2015) revealed positive Spurling's and positive tenderness to palpation at the paracervical area. There was decreased sensation and increased radicular pain bilaterally. Treatment has included 3 recent sessions of physical therapy. The request for authorization was dated 8-26-2015. The original Utilization Review (UR) (9-10-2015) 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 for cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 6/25/15) MRI.

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

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. In this case the exam note from 8/26/15 cited do demonstrate a deficit neurologically (numbness and tingling to both hands) and failed strengthening program (3 sessions of PT) prior to the request for MRI. Therefore, the determination is for certification as medically necessary.