

Case Number:	CM15-0204159		
Date Assigned:	10/21/2015	Date of Injury:	06/20/2011
Decision Date:	12/02/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/16/2015

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 38 year old female who sustained an industrial injury on 6-20-11. The medical records indicate that the injured worker was being treated for C5-6 pseudoarthrosis; non-compliance with brace; degenerative disc disease at T5-6 and T6-7; cervical disc disease. She currently (8-11-15) complains of constant neck pain with a pain level of 7 out of 10; constant bilateral shoulder pain with numbness and tingling (7 out of 10); constant bilateral wrist and hand pain (8 out of 10); constant low back pain (7 out of 10); anxiety; depression; insomnia. On physical exam there was tenderness over the cervical spine, anterior neck and posterior scapular region into the post occipital area; painful reduced range of motion of the upper extremities; weakness upon reduced overhead reach and decreased grip; spasm to mid-thoracic spine. Diagnostics include electrodiagnostic study (6-24-15) showing no evidence of peripheral neuropathy or cervical radiculopathy. Treatments to date include status post anterior cervical decompression and fusion with revision (8-2015); status post two-level anterior cervical decompression and fusion C4 through C6 (10-24-13) with residuals; status post posterior interlaminar laminotomy at C5-6 bilaterally (8-7-14); status post wrist arthroscopy; medications: cyclobenzaprine, Tylenol #3, Prilosec; physical therapy; home exercise program; 3 epidural steroid injections to the neck. The request for authorization dated 8-11-15 was for MRI of the cervical spine. On 10-7-15 Utilization Review non-certified the request for 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): 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. There was no plan for surgery. The claimant underwent surgery already and recent EMG did not show radiculopathy. The request for an MRI of the cervical spine is not medically necessary.