

Case Number:	CM15-0205488		
Date Assigned:	10/22/2015	Date of Injury:	10/27/1997
Decision Date:	12/07/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 40 year old male, who sustained an industrial injury on 10-27-1997. He has reported injury to the neck and low back. The diagnoses have included C5-C6, C6-C7 4-mm cervical disc herniation; chronic low back and right hip and buttock pain; L4-L5 disc bulge per MRI; and L5-S1 9-mm disc herniation per MRI. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. Medications have included Advil, Tramadol, Kera-Tek Gel, Vicodin, and Flexeril. A progress report from the treating physician, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported chronic longstanding neck and low back pain; the pain in his neck radiates throughout his right upper extremity to his hand; stiffness in his neck; the pain in his low back radiates into the right hip and buttock, and down the posterior right leg; he notes spasm in his low back, and tingling in his left arm and left leg; the pain gets worse with prolonged sitting, standing, walking, and with lying on his right side; he feels that the pain is becoming more constant and debilitating and stops him from doing activities that he enjoys; and he is currently working with modified duties. Objective findings included decreased ranges of motion of the cervical spine; tenderness to palpation of the cervical paravertebral muscles and suboccipital region, and hyper tonicity on the left side cervical compression test was positive on the right; Spurling's and shoulder depression tests were positive on the left; sensation on the left side was decreased in the C6 and C7 nerve distribution; positive straight leg raise test on the right and left; and sensation was slightly diminished in the posterior bilateral calves and plantar feet. The treatment plan has included the request for MRI (Magnetic Resonance Imaging) of the cervical spine. The original utilization review, dated 10-16-2015, non-certified the request for MRI (Magnetic Resonance Imaging) 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 (Magnetic Resonance Imaging) of the cervical spine: Upheld

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

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

Decision rationale: The request for this injured worker with chronic pain is for an MRI of the cervical spine. The records document a physical exam with pain, range of motion and no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically necessary.