MAXIMUS Federal Services

Case Number:	CM15-0208817		
Date Assigned:	11/17/2015	Date of Injury:	09/15/2000
Decision Date:	12/24/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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:

The injured worker is a 56 year old female, who sustained an industrial-work injury on 9-15-00. The injured worker was diagnosed as having complex regional pain syndrome, acid reflux, severe weight loss with malabsorption-malnutrition, cachexia, superior mesenteric artery syndrome, sleep disorder, left nephrectomy, Bell's palsy, orthopedic diagnosis, chronic intractable global pain, psychiatric diagnosis, head trauma with concussion, dizziness and antalgic gait. Treatment to date has included medication: Dexilant; and diagnostics. Currently, the injured worker complains of chronic persistent neck pain accompanied by radicular pain and symptoms along with gastric upset, dizziness, and antalgic gait. There was right hand and thumb pain with painful range of motion. There was also palpations and shortness of breath without chest pain. Per the primary physician's progress report (PR-2) on 9-24-15, exam noted blood pressure of 97 over 66, alert and pleasant, normal lung and heart sounds, negative abdomen, no edema in extremities, an left thumb with painful range of motion and tenderness to palpation. There is a healed forehead scar from a laceration. The Request for Authorization requested service to include MRI of the cervical spine. The Utilization Review on 9-26-15 denied 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: 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: Per Treatment Guidelines states Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute new change or progressive deterioration in clinical findings to support repeating this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.