

Case Number:	CM15-0022724		
Date Assigned:	02/12/2015	Date of Injury:	08/09/2010
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 57-year-old male who reported an injury on 08/09/2010. The injury reportedly occurred when he was pulling an aerial cable and had pain in his right upper extremity. His diagnoses include status post anterior and posterior C3-7 decompression and fusion; status post right carpal tunnel release; status post right cubital tunnel release; status post left knee arthroscopic surgery; right shoulder impingement with SLAP tear; and lumbar spondylosis. His past treatments were noted to include medications, activity modification, physical therapy, psychotherapy, and trigger point injections. At his follow-up appointment on 01/05/2015, the injured worker reported spasm at the base of his neck. He was noted to have decreased range of motion and referred pain with palpation at the level of the trapezius. His motor examination was noted to be intact. X-rays reportedly revealed a stable fusion from C3-7, and a disc space collapse at the C7-T1 region; an MRI of the cervical spine was recommended, given the disc space collapse at the C7-T1 level.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177 - 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, MRI.

Decision rationale: According to the California MTUS/ACOEM Guidelines, unequivocal findings suggestive of specific nerve compromise on neurological examination are sufficient evidence to warrant imaging studies if radiating symptoms persist after 4 weeks of conservative care. The Official Disability Guidelines also state repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology routinely recommended and should be reserved for a significant change in symptoms with progressive neurological deficits. The clinical information submitted for review indicated that the injured worker has a history of cervical fusion, and recent x-ray showed a disc space collapse at C7-T1. However, the documentation did not support that he had a significant change in his symptoms with radiating symptoms down the upper extremities. There was also no evidence of neurological deficits on physical examination or other findings suggestive of progressive neurological deficits. Therefore, an MRI of the cervical spine is not medically necessary.