MAXIMUS Federal Services

Case Number:	CM15-0212169		
Date Assigned:	11/02/2015	Date of Injury:	08/26/1998
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina,
Georgia 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 64 year old male who sustained an industrial injury August 26, 1998. Past history included radiofrequency ablations left cervical region with good results. According to a treating physician's progress report dated October 10, 2015, the injured worker presented with complaints of pain in the cervical and lumbar spine. The lumbar spine pain is located in the pelvic brim and junction, bilaterally and radiates into the iliolumbar area and into the left buttock. The pain is chronic and rated 2 out of 10 at the least and 8 out of 10 at its worst. The cervical spine pain ,rated 2 out of 10 at the least and 8 out of 10 at its worst, is located at the CT junction bilaterally, left greater than right with radiation superiorly up to cervico-occipital area, laterally into trapezius and upper interscapular area, left greater than right. Current medication included Nexium, Fioricet, Tramadol, Anaprox, Xanax, Ambien, Lexapro, and Viibryd. Treatment has included medication, TENS unit, rest, ice, walking and stretching. Objective finding included; gait normal heel to toe progression and intact; cervical- moderate tightness paravertebral musculature and trapezius bilaterally, slightly greater on the left than the right with moderate tenderness left; positive facet testing on the left. The physician further documented a past cervical MRI dated April 30, 2010 showed C3-4, C4-5, C5-6 and C6-7 levels with proximal bilateral neural foraminal stenosis at the two lower levels. Assessment is documented as spinal stenosis of cervical region; thoracic spinal stenosis; lesion of ulnar nerve; cervical and lumbar spondylosis without myelopathy; radiculopathy of lumbar region; carpal tunnel syndrome. At issue, is the request for authorization dated October 13, 2015, for a cervical

spine MRI. According to utilization review dated October 20, 2015, the request for an MRI of the cervical spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI to the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Magnetic resonance imaging.

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record indicates review of a previous MRI from 2010 and does indicate substantial changes in symptoms in a specific nerve/anatomic distribution for which a new MRI study is medically necessary.