

Case Number:	CM15-0218067		
Date Assigned:	11/09/2015	Date of Injury:	08/09/1996
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female, who sustained an industrial injury on 08-09-1996. The injured worker is currently working. Medical records indicated that the injured worker is undergoing treatment for cervical spinal stenosis and carpal tunnel syndrome. Treatment and diagnostics to date has included cervical spine surgery, physical therapy, cervical spine MRI (performed on 07-09-2008 per 10-19-2015 progress note), and medications. Recent medications have included Omeprazole and Robaxin. Subjective data (01-21-2015 and 10-19-2015), included chronic neck and shoulder pain rated 5-6 out of 10. Objective findings (10-19-2015) included decreased cervical spine range of motion, "negative" Spurling's test, grade 5 out of 5 strength in right upper extremity, and 5 minus out of 5 strength in the left upper extremity. The treating physician noted requesting an updated cervical spine MRI due to "increasing weakness and pain in a radicular distribution." The request for authorization dated 10-21-2015 requested cervical MRI. The Utilization Review with a decision date of 10-28-2015 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 qty. 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Neck and Upper Back (Acute & Chronic) Last updated 06/25/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1996 when, while working as an x-ray technician, she was pushing a patient on an x-ray table when she felt something pop in her neck. She was found to have a C6/7 disc herniation and underwent an anterior cervical decompression and fusion in October 1996. A cervical MRI in July 2008 showed postoperative changes with multilevel mild to moderate stenosis with only mild findings below the level of her fusion. Electrodiagnostic testing had shown moderate right median mononeuropathy. When seen in October 2015 she was having neck, left shoulder, and arm pain rated at 5/10. Physical examination findings included a body mass index over 35. There was decreased cervical spine range of motion. She had 4+/5 left hand intrinsic muscle strength with an otherwise normal strength examination. In January 2015, she had normal strength bilaterally. The impression references increasing weakness and pain in a radicular distribution. Authorization was requested for an updated MRI scan of the cervical spine. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury and the claimant's surgery was nearly 10 years ago. There are no identified red flags. The claimant has left hand intrinsic muscle weakness without documentation of onset and does not have a complaint of weakness or progressive radicular pain. An MRI scan of the cervical spine is not medically necessary.