

Case Number:	CM15-0033575		
Date Assigned:	03/26/2015	Date of Injury:	11/27/1999
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on 11/27/1999. Diagnoses have included cervical spinal stenosis. Treatment to date has included cervical spine surgery and medications. The 2009 MRI of the cervical spine showed C5-C6 stenosis. According to the progress report dated 1/29/2015, the injured worker complained of increased neck pain rated 8/10 for three weeks. Physical exam revealed that cervical range of motion was almost intact. There was decreased hand grip and paresthesia. The trapezii were tender with spasms. The treatment plan was to obtain magnetic resonance imaging (MRI) to see if there was a new lesion. The medications listed are Gabapentin, Baclofen, Clonazepam, Hydroxyzine, Carisopradol and Methocarbamol.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines 9792.23.1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized in the evaluation of neck pain when there is progressive worsening of symptoms and neurological deficits despite treatment. The records showed significant MRI findings of the cervical spine in 2009. There is now documentation of worsening subjective and objective findings despite conservative treatments with medications and PT. The criteria for MRI of the cervical spine without contrast was met and the request is medically necessary.