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| Case Number: | CM15-0034918 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 07/11/2007 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: New Jersey, New York
 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 52-year-old female, who sustained an industrial injury on 7/11/2007. The diagnoses have included displacement of cervical intervertebral disc without myelopathy. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of neck pain, rated 9-10/10, with radiation to both hands, right greater than left. She wore a right wrist brace and used Motrin for pain. Adverse reactions were documented with the use of Vicodin and Flexaril. She was able to ambulate and move around the exam room without difficulty. Exam of the cervical spine showed decreased range of motion, positive Spurling's sign bilaterally, decreased sensation over the right anterior lateral arm and forearm, decreased sensation over the left anterolateral forearm, and weak grip strength bilaterally. Electromyogram/Nerve Conduction Studies (11/4/2014) were referenced as showing bilateral moderate compression of the median nerve, as well as mild to moderate left compression of the ulnar nerve, right moderate compression of the ulnar nerve, and right C6 denervation. Treatment plan included cervical magnetic resonance imaging. The consultation progress note, dated 11/10/2014, noted computerized tomography of the cervical spine as showing prior instrumentation from C4-7, with hardware plates and screws, and evidence of slightly protruding screws centrally at C6-7, causing potential spinal cord compression. Radiographic imaging reports were not noted. On 2/10/2015, Utilization Review non-certified a request for magnetic resonance imaging of the cervical spine, noting the lack of compliance with ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Overturned

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

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

Decision rationale: The request for a cervical spine MRI is medically necessary. According to MTUS guidelines, the criteria for ordering a cervical MRI include development of red flags, physiologic evidence of tissue insult or neurologic dysfunction. The patient had developed worsening pain and decreased sensation over the right anterior lateral arm and forearm, decreased sensation over the left anterolateral forearm, and weak grip strength bilaterally. There was no documented trauma. The patient is s/p fusion and has now developed worsening symptoms and exam findings. It is reasonable to evaluate with further imaging. Therefore, the request is considered medically necessary.