

Case Number:	CM15-0035070		
Date Assigned:	03/03/2015	Date of Injury:	03/01/2011
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
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: Arizona, California
 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 65-year-old female with an industrial injury dated March 1, 2011. The injured worker diagnoses include cervical sprain, derangement of joint not otherwise specified of shoulder, lateral epicondylitis, carpal tunnel syndrome, lumbar sprain/strain, and internal derangement of knee not otherwise specified. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/18/2014, the cervical spine exam revealed spasm in the paraspinal muscles and tenderness to palpitation of the paraspinal muscles. The sensory was reduced in bilateral median nerve distribution. The treating physician prescribed services for MRI of the cervical spine. Utilization Review determination on January 29, 2015 denied the request for MRI of the Cervical Spine, citing MTUS Guidelines.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had MRIs 3 years prior which indicated the claimant had carpal tunnel. Neck exam findings indicated limited range of motion but not compression or new red flag symptoms. The request for an MRI of the cervical spine is not medically necessary.