

Case Number:	CM15-0035890		
Date Assigned:	03/04/2015	Date of Injury:	10/24/2007
Decision Date:	07/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 63-year-old female, with a reported date of injury of 10/24/2007. The diagnoses include cervical disc protrusion, cervical radiculitis, neck pain, and degenerative cervical spine disc disease. Treatments to date have included an MRI of the cervical spine on 12/23/2010, which showed biforaminal spondylotic disc protrusion, and midline disc protrusion resulting in mild degree of central canal stenosis; oral medication; x-rays of the cervical spine, which showed C5-6, C6-7 disc space narrowing with anterior osteophyte formation. The progress report dated 01/05/2015 indicates that the injured workers complained regarding her cervical spine was unchanged. The objective findings include tenderness to palpation of the cervical paravertebral muscles. The supplemental report dated 02/02/2015 indicates that the injured worker complained of headaches, rated 7 out of 10, neck pain and stiffness, rated out of 10. The neck pain radiated into the upper extremities, with feeling of numbness and lack of strength and coordination. The physical examination of the cervical spine showed palpable intersegmental dysfunction at C4-5, C5-6, C6-7, and T1-T8 bilateral suboccipital musculature; decreased cervical range of motion with pain; pain with cervical compression; diminished pain with cervical decompression; and pain with bilateral maximal foraminal compression. The treating physician requested an MRI of the cervical spine. The request was for positive neurological findings and possible early myelopathic findings, to rule out central stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Cervical Spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve/root compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.