

Case Number:	CM15-0041498		
Date Assigned:	03/11/2015	Date of Injury:	06/02/2009
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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 60 year old male, who sustained an industrial injury on August 2, 2009. The initial complaints and symptoms are unknown. The injured worker was diagnosed as having carpal tunnel syndrome, spondylosis and radiculopathy. Treatment to date has included diagnostic studies, surgery, physical therapy and epidural injections. On February 5, 2015, the injured worker complained of ongoing pain in the neck that was radiating to the arms with numbness. He reported difficulty sleeping at night. Physical examination showed decreased sensation in the left C5, C6 and C7 distribution. Positive Spurling's test was noted to the left. The treatment plan included an MRI of the cervical spine and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the cervical spine: Upheld

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

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 unnecessary. According to MTUS guidelines, the criteria for ordering a cervical MRI include development of red flags, physiologic evidence of tissue insult or neurologic dysfunction. According to the review, the patient had an MRI in 2009 for neck pain radiating to upper extremities with numbness. The patient has maintained 5/5 motor strength and has continued to work. A repeat MRI is not indicated at this time. Therefore, the request is considered not medically necessary.