

Case Number:	CM15-0047407		
Date Assigned:	03/19/2015	Date of Injury:	01/11/2011
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 37 year old female, who sustained an industrial injury on 1/11/11. She reported pain in the neck. The injured worker was diagnosed as having cervical spondylosis with myelopathy and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included cervical MRI 2013, cervical arthroplasty at C5-C6 and oral medications. As of the PR2 dated 2/16/15, the injured worker reports residual neck pain with some limitations. The treating physician noted the pain was originating from the herniated discs at C4-C5 and C6-C7. The treating physician requested an MRI of the cervical spine to evaluate her current condition for possible arthroplasty.

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): 177-179.

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI (Magnetic Resonance Imaging) of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine Magnetic Resonance Imaging) is not indicated. The request for MRI of the cervical spine is not medically necessary.