

Case Number:	CM15-0056194		
Date Assigned:	04/01/2015	Date of Injury:	01/20/2010
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female, who sustained an industrial injury on 01/20/2010. She reported injury to the neck. The injured worker was diagnosed as having cervical degenerative disk disease at C6-7. Treatment to date has included C6-7 anterior fusion, cervical epidural steroid injection and medications. On 03/16/2015, the provider requested authorization for an MRI of the cervical spine as recommended by the Neurologist. The progress report was partially illegible. A handwritten progress report dated 04/07/2015 noted that the injured worker had increased weakness of the arms and was dropping objects all the time. She felt she was getting progressively worse. Pain was increased along the neck. Looking up induced electrical shocks down the arm. Diagnoses included neuropathy bilateral upper extremity worse with associated increased neck pain.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. ODG cites that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, the provider notes that the patient has progressively worse pain with increased weakness of the arms, and she is dropping objects regularly. In light of the above, the requested cervical MRI is medically necessary.