

Case Number:	CM15-0082721		
Date Assigned:	05/05/2015	Date of Injury:	01/01/2007
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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: Emergency 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 76 year old female, who sustained an industrial injury on January 1, 2007. The injured worker was diagnosed as having cervical degenerative disc disease. Treatment and diagnostic studies to date have included cervical fusion, electromyogram, nerve conduction study, magnetic resonance imaging (MRI) and medication. A progress note dated November 13, 2014 provides the injured worker underwent cervical spinal fusion on September 29, 2014. She reports she has no neck pain and has mild discomfort of the scapula and shoulder area. She also reports right forearm numbness is resolved. Physical exam notes healing cervical surgical incision. There is a request for cervical magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 8 table 8-7 special studies and diagnostic and treatment considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested Magnetic resonance imaging (MRI) of the cervical spine with and without contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has no neck pain and has mild discomfort of the scapula and shoulder area. She also reports right forearm numbness is resolved. Physical exam notes healing cervical surgical incision. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Magnetic resonance imaging (MRI) of the cervical spine with and without contrast is not medically necessary.