

Case Number:	CM15-0084696		
Date Assigned:	05/07/2015	Date of Injury:	01/17/2012
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, 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:

This 58 year old female sustained an industrial injury to the neck and left upper extremity on 1/17/12. Previous treatment included magnetic resonance imaging, physical therapy and medications. In PR-2's dated 11/10/14, 12/8/14, 1/12/15, 1/26/15, 3/23/15 and 4/20/15, the injured worker complained of ongoing left scapular pain with tingling in the 4th and 5th fingers as well as left elbow swelling. The injured worker reported that the left elbow popped and that she could not lift it. In the PR-2 dated 4/20/15, the injured worker had decided to proceed with neck surgery. Physical exam was remarkable for pain on compression and extension of the neck with positive jugular compression and right trapezius muscle spasms. The physician noted that the injured worker required recent magnetic resonance imaging of the cervical spine and thoracic spine prior to seeing a physician for consultation for neck surgery. Current diagnoses included cervical and thoracic stenosis with radiculopathy and cervical spine radiculopathy. The treatment plan included requesting re-authorization for neck consultation because the previous authorization expired, request authorization for cervical spine epidural steroid injection, magnetic resonance imaging and electromyography, requesting all medical records and test results prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, the claimant had persistent pain and recurrent invasive procedures. There was a plan for surgical consultation and the claimant had cervical and thoracic stenosis. The MRI of the thoracic spine is appropriate and medically necessary.