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| Case Number: | CM15-0086151 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 01/30/2014 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56-year-old female, who sustained an industrial injury on 1/30/2014. She reported pain in her low back and left elbow after falling; she also reported hitting her head. Diagnoses have included lumbosacral intervertebral disk (IVD) displacement without myelopathy, lumbosacral neuritis/radiculitis, cervical intervertebral disk (IVD) displacement without myelopathy, internal derangement of left elbow and extremity muscle weakness. Treatment to date has included physical therapy, electromyography (EMG)/nerve conduction velocity (NCV) and medication. According to the progress report dated 3/17/2015, the injured worker complained of pain to her neck, both shoulders, both hands, right wrist and lumbar spine. She also complained of anxiety, depression and anxiety. Physical exam revealed tightness and spasm with cervical spine range of motion. There was tenderness to both shoulders. Authorization was requested for magnetic resonance imaging (MRI) of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: The patient is a 56-year-old female with an injury on 01/30/2014. She fell and injured her back and left elbow. She also hit her head. She had disc displacement of her cervical and lumbar spine. She also had a EMG/NCS. There is no documentation of new cervical spine trauma or progression of cervical spine symptoms. There were no recent red flag signs. She does not meet MTUS, ACOEM criteria for a cervical MRI. Therefore, the request is not medically necessary.