

Case Number:	CM15-0087826		
Date Assigned:	05/12/2015	Date of Injury:	09/20/1999
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/07/2015

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 64-year-old female who sustained an industrial injury on September 20, 1999. She continues to have neck discomfort and has been diagnosed with cervical spondylosis and status post cervical spinal fusion. Treatment has included surgery, medications, and physical therapy. Physical examination noted a well-healed incision with mild pain upon palpation, she had normal strength in the bilateral upper extremities, and she ambulated well without obvious spasticity. Computed tomography scan revealed a wide decompression at the cervical thoracic junction with excellent placement of instrumentation from C3-T3. There appears to be a solid bony fusion throughout and it is believed to also cross the C6-7/T1 levels posterior laterally. The treatment request included an 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 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): 178-179.

Decision rationale: The requested MRI of the cervical spine 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 continued neck pain, despite previous cervical spinal fusion. The treating physician has documented a well healed incision with mild pain upon palpation, she had normal strength in the bilateral upper extremities, and she ambulated well without obvious spasticity. Computed tomography scan revealed a wide decompression at the cervical thoracic junction with excellent placement of instrumentation from C3-T3. There appears to be a solid bony fusion throughout and it is believed to also cross the C6-7/T1 levels posterior laterally. The treating physician has not documented the medical necessity for a MRI in light of the CT scan results. The criteria noted above not having been met, MRI of the cervical spine is not medically necessary.