

Case Number:	CM15-0088275		
Date Assigned:	05/12/2015	Date of Injury:	10/12/2007
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old male injured worker suffered an industrial injury on 10/12/2007. The diagnoses included lumbar discopathy and cervical discopathy. The diagnostics included electromyographic studies. The injured worker had been treated with lumbar fusion and medications. On 3/26/2015, the treating provider reported complaints of neck pain going to the left arm with numbness and weakness and low back pain continued. On exam, there was cervical and lumbar spine tenderness. The treatment plan included 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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with diagnoses of lumbar discopathy and cervical discopathy. Currently the injured worker complains of neck pain going to the left arm with numbness and weakness and low back pain. The current request is for an MRI of the cervical spine. The treating physician report dated 3/26/15 (39B) requests an MRI of the cervical spine due to worsening left upper extremity radiculopathy. Previous MRI of the cervical spine was not documented in the medical records provided. ACOEM Guidelines state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless chronic neck pain is present after 3 months of conservative treatment, radiographs are normal and neurologic signs or symptoms are present. In this case, the treating physician has documented on 1/9/15 (32B) neck pain with left side upper extremity radiculopathy. Chronic neck pain has been present after 3 months of conservative treatment with medication. The current request is medically necessary and the recommendation is medically necessary.