

Case Number:	CM15-0098618		
Date Assigned:	05/29/2015	Date of Injury:	11/17/2006
Decision Date:	11/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 11-17-06. The injured worker is diagnosed with cervical spondylosis. His work status is regular duty, permanent and stationary. A note dated 4-17-15 reveals the injured worker presented with complaints of pain (had been out of Norco). He reports poor sleep due to the pain. He also reports medications reduce his pain from 7 out of 10 to 3 out of 10. A note dated 12-9-14 revealed his pain level decreased from 5-6 on 10 to 1-2 on 10 with medication. A physical examination dated 12-9-14 revealed "radicular symptoms to the right leg". Treatment to date has included home exercise program and medications. Diagnostic studies to date has included urine toxicology screen, MRI (2014). A request for authorization dated 5-11-15 for one MRI of the cervical spine without contrast is denied, per Utilization Review letter dated 5-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic Resonance Imaging of the Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in November 2006 sustained as the result of a motor vehicle accident. He underwent cervical spine surgery in June 2009. An MRI of the cervical spine was done in April 2008 with findings of mild multilevel disc bulging. When seen he was having neck pain radiating into the arms with numbness. Physical examination findings included decreased left triceps strength with normal sensation. He was referred for physical therapy due to increased pain and stiffness. Authorization was requested including for cervical spine x-rays with flexion and extension views and for an MRI of the cervical spine. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new traumatic injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit. X-rays of the cervical spine were requested in the setting of prior cervical spine surgery and review of these would be needed prior to consideration of additional imaging. Obtaining an MRI scan when this request was made was not medically necessary.