

Case Number:	CM15-0231101		
Date Assigned:	12/04/2015	Date of Injury:	06/09/2014
Decision Date:	01/11/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/24/2015

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:

The injured worker is a 58 year old female who sustained an industrial injury on June 9, 2014. Medical records indicated that the injured worker was treated for neck pain. Medical diagnoses include C4-C5 cervical spine herniation with disc osteophyte with cord impingement, myeloradiculopathy, C5-C6 disc whiplash injury with disc protrusion, herniation, myeloradiculopathy, cord impingement and retrolisthesis, right greater than left carpal tunnel syndrome, and arthritis. In the provider notes dated October 21, 2015 the injured worker complained of constant daily right side greater than left side neck pain radiating into right greater than left shoulders and down right extremity. She rates neck pain 7 on the pain scale. "There is numbness tingling and burning and weakness in the grips." She can no longer do housecleaning and driving causes flare ups. She is having more difficulty carrying her purse, standing more than 15-30 minutes and showering. She states "dizzy spells" are increasing. On exam, the documentation stated rotation of the neck to the right caused pain in the right shoulder, right forearm, thumb and index and rotation to the left caused left cervicothoracic pain at the base of the neck and into the left shoulder and left arm. Range of motion is decreased and abduction to the right caused pain into the right forearm and abduction to the left cause left shoulder soreness. There was "right greater than left forearm, thumb, and index sensory loss in the C5-C6 and up in the deltoid at C4-C5 distribution." The treatment plan includes pain management consultation and magnetic resonance imaging (MRI) of the cervical spine. A Request for Authorization was submitted for MRI of the cervical spine. The Utilization Review dated November 9, 2015 denied the request for 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 cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

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. The claimant had x-rays in July 2015 that showed degenerative changes of C5-C6. MRI in July 2014 showed multi-level disc bulging with cord mass effect on C4-C5. Prior EMG was consistent with radiculitis of C6. Due to persistent pain: a referral to pain management. The claimant had seen a surgeon in June 2013 for which surgery was amenable. However, there was no mention of referring back to the surgeon to perform the surgery. There was no mention from the surgeon to repeat the MRI at this time. Therefore the request for the repeat MRI of the cervical spine is not medically necessary.