

Case Number:	CM14-0118064		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2004
Decision Date:	09/26/2014	UR Denial Date:	06/15/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old female with an 8/6/04 date of injury. At the time (5/23/14) of the request for authorization for cervical MRI, there is documentation of subjective consisting of ongoing pain in the cervical spine, mostly on the left with radiation into the left upper extremity with tingling all the way down to the 4th and 5th digit. There was also documentation of objective findings consisting of tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region, multiple trigger points and taut bands palpated throughout, decreased cervical spine range of motion, sensory examination is decreased along the posterior lateral and lateral forearm bilaterally right greater than left. The current diagnoses include cervical degenerative disc disease with some neural foraminal narrowing and bilateral upper extremity radiculopathy and treatment to date includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease with some neural foraminal narrowing and bilateral upper extremity radiculopathy. In addition, there is documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction. Therefore, based on guidelines and a review of the evidence, the request for cervical MRI is medically necessary.