

Case Number:	CM14-0167942		
Date Assigned:	10/15/2014	Date of Injury:	08/26/1992
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine & Rehabilitation 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 69-year-old female with a 8/26/92 date of injury. At the time (8/26/14) of request for authorization for MRI of the cervical spine, there is documentation of subjective (upper back pain) and objective (left-sided neck pain on extension, pain on lateral stretch radiating down to left upper arm, and spasm of cervical paraspinal muscles) findings, imaging findings (X-ray of the cervical spine (8/26/14) report revealed multilevel disc degeneration with disc space narrowing most pronounced at the C6-7 level), current diagnoses (sciatica), and treatment to date (medications). There is no documentation of red flag diagnoses where plain film radiographs are negative.

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

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 a diagnosis of sciatica. In addition, there is documentation of failure of conservative treatment (medications). However, despite documentation of nonspecific subjective (upper back pain) and objective (left-sided neck pain on extension and pain on lateral stretch radiating down to left upper arm) findings, there is no specific (to a nerve root distribution) documentation of physiologic evidence of tissue insult or neurologic dysfunction. In addition, there is no documentation of failure of additional conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.