

Case Number:	CM14-0094428		
Date Assigned:	07/25/2014	Date of Injury:	12/29/2010
Decision Date:	10/06/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/21/2014

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 Family Medicine 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:

The injured worker is a 49 year old female who sustained an injury to her neck on 12/29/10. The mechanism of injury is noted as traveling on a city bus, she was hit by another bus. MRI of the cervical spine dated June of 2012 reportedly revealed stenosis at C4 to C7 with disc herniation at C5 to C6; however, there was no imaging study provided for review. Electromyography and nerve conduction studies (EMG/NCS) of the bilateral upper extremities revealed moderate bilateral carpal tunnel syndrome with moderately prolonged bilateral median motor and sensory latencies across the wrist; no evidence of ulnar, radial, peripheral neuropathy or significant cervical radiculopathy. Comprehensive orthopedic evaluation dated 04/22/14 reported that the injured worker complained of low back, right shoulder, and right knee pain. Physical examination dated 05/20/14 reported that the injured worker had reduced right brachioradialis reflex and positive Spurling sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI neck spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head and Neck Chapter

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 chapter, Magnetic resonance imaging (MRI)

Decision rationale: Previous request was denied on the basis that there was no indication that the injured worker needs surgery at this time or new scan, as no injections or pain management has been tried to address the C5 to C6 disc herniation. There was also no indication of progression in symptoms or findings to require repeat scan, no report of a new acute injury or exacerbation of previous symptoms, no mention that a surgical procedure was anticipated, no recent detailed physical examination of the cervical spine that would indicate any increased motor strength, increased reflex, or sensory deficits, no indication that plain radiographs had been obtained prior to the request for more advanced MRI, and no additional significant red flags identified that would warrant repeat study. Given this, the request for MRI of the cervical spine without dye is not indicated as medically necessary.