

Case Number:	CM14-0099896		
Date Assigned:	08/15/2014	Date of Injury:	06/04/2010
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

12/3/13 orthopedic evaluation notes pain in the left shoulder. The insured underwent a cervical fusion at C5-6 in 1998. Examination notes symmetric strength, with no atrophy or sensory deficits in the upper extremities. The reflexes were symmetric. MRI of cervical spine 1/3/14 notes very mild central posterior disc protrusion at C4-5. 1/8/14 note indicates there was concern of recurrence of radiculopathy in the cervical spine in September of 2013 due to report of tingling and numbness in the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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, MRI

Decision rationale: The medical records report there is no change in neurologic status of the insured per examination on 12/3/13. The strength, sensation, and reflexes were reported normal. In the absence of objective neurologic change and with no documentation of a suspicion of

cancer, infection or structural instability, MRI of the C-spine is not supported under ODG guidelines. Therefore the request is not medically necessary.