

Case Number:	CM14-0193621		
Date Assigned:	12/01/2014	Date of Injury:	07/30/2014
Decision Date:	06/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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: California, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45-year-old female who sustained an industrial injury on 7/30/2014. Her diagnoses, and/or impressions, are noted to include: cervical, trapezius and rhomboid strain; ligament and muscle strain and spasm; pain in limb; nerve pain; bilateral cervical radiculopathy; long-standing cervical osteoarthritis with radiculopathy, with acute exacerbation thereof, secondary to slip and fall on 7/30/2014; and cervical radiculitis. Electrodiagnostic studies of the upper extremities were noted to have been done on 11/1/2014, which showed an acute C5 radiculopathy on the right and left. No current magnetic resonance imaging studies are noted since this most recent injury however there is past history of cervical spine pain, which was evaluated in 2011 and 2013, however these reports were not available for review. Her treatments have included acupuncture therapy; modified work duties; and medication management. Progress notes of 11/3/2014 reported continued neck pain and hands that feel like they are asleep. The physician's requests for treatments were noted to include magnetic resonance imaging studies 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: Overturned

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): 177-178.

Decision rationale: The peer reviewer states that the "requested evaluation with a cervical MRI scan, which would be a repeat study. There are no documented changes in the examination that would require repeating this study; particularly given the highly subjective presentation and lack of any objective findings of derangement or radiculopathy." From my review of the records there is no previous MRI for this industrial accident; prior MRIs were prior to this claim on 7/30/14. The claim that there are "no documented changes" that would require repeating this study; the most noted change is the occurrence of the recent industrial accident which result in trauma to her cervical spine. Regarding the assertion that there are "no objective findings of radiculopathy," the EMG/NCS on 11/1/14 stated that there is objective evidence of "acute C5 radiculopathy on the right and left." ACOEM guidelines (MTUS is silent) state: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue". Based on the cited guidelines and clinical evidence including reported symptoms, objective findings, and new mechanism of injury, an initial (for this injury) MRI of the cervical spine is medically necessary.