

Case Number:	CM14-0196227		
Date Assigned:	12/04/2014	Date of Injury:	12/25/2012
Decision Date:	01/21/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 39 year old female with an injury date on 12/25/12. The patient complains of pain in the neck, especially the upper cervical spine, with some paresthesias up into the temporal area per 1/21/14 report. The patient does not have any distal radiating pain, and her paresthesias in the thumb is no longer persistent, although if she reaches out with her right hand she feels "a little bit of irritation" from the thumb all the way to the neck per 1/21/14 report. The patient states she has radiating pain down her right arm as well, with numbness into her right thumb per 12/16/13 report. Based on the 1/21/14 progress report provided by the treating physician, the diagnosis is chronic cervicalgia. A physical exam on 1/21/14 showed "tenderness to palpation in the upper cervical paraspinals bilaterally." Range of motion testing of the C-spine was full per 2/26/13 report. The patient's treatment history includes medications, chiropractic treatments, physical therapy (without relief). The treating physician is requesting MRI cervical spine. The utilization review determination being challenged is dated 11/6/14. The requesting physician provided treatment reports from 1/7/13 to 1/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182. Decision based on Non-MTUS Citation ODG Neck & Upper Back Acute & Chronic (updated 05/30/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, MRI

Decision rationale: This patient presents with neck pain. The treater has asked for MRI CERVICAL SPINE but the requesting progress report is not included in the provided documentation. The patient had a prior cervical MRI (date unspecified), which showed minimal disc bulges at C5-6, C6-7 which are within normal limits and no evidence of neural compression. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the patient has chronic cervical pain with improving paresthesias to the upper extremity. The patient had a prior C-spine MRI, date unknown, that came out with normal results. The patient does not have a new injury, and there are no progressive neurologic findings such as atrophy, weakness, reflex changes, paralysis, bowel bladder loss or post-operative in the provided documentation to necessitate an updated MRI. The request IS NOT medically necessary.