

Case Number:	CM14-0211625		
Date Assigned:	12/24/2014	Date of Injury:	01/27/2011
Decision Date:	03/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Family Practice

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 46-year-old female who sustained an industrial injury on January 27, 2011 while working on a conveyor belt. She is diagnosed with chronic neck pain and degenerative cervical spondylosis. The injured worker was seen on November 12, 2014 at which time she complained of neck pain and radiculopathy into the bilateral upper extremities left greater than right. Cervical x-rays have revealed severe degenerative spondylosis at C4-C5. Physical examination revealed decreased sensation in the left C6 dermatome, difficulty lifting and holding of the arms, and bilateral arm spasm left greater than right. Deep tendon reflex was decreased in the left brachioradialis. Examination revealed positive Phalen's and Tinel's on the left wrist. Pain was rated 6-9/10. Request was made for magnetic resonance imaging of the cervical spine. Utilization Review was performed on December 1, 2014 at which time the request for magnetic resonance imaging was denied as there was no indication of failure of conservative therapy. An appeal has been submitted and it is noted that the injured worker has failed multiple medications including Tramadol, Lyrica, ibuprofen, and lidocaine patch. The medical records also indicate that the injured worker has not responded to physical therapy. There is progression of pain and neurologic deficit in the C5 distribution, decreased brachioradialis deep tendon reflexes on the left, and weakness of the left biceps and left deltoid.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to ACOEM guidelines, criteria for ordering magnetic resonance imaging of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker has failed conservative care management and has evidence of neurologic deficit in a dermatomal and myotomal pattern causing concern for cervical radiculopathy. The request for cervical magnetic resonance imaging is medically necessary.