

Case Number:	CM14-0214945		
Date Assigned:	01/07/2015	Date of Injury:	01/05/2011
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, 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:

This is a 32 years old patient who sustained an injury on 1/5/2011. The current diagnosis includes cervical radiculopathy. Per the doctor's note dated 11/17/2014, patient had complaints of neck pain at 9/10. The physical examination revealed cervical tenderness, decreased sensation in radial forearm, thumb and index finger. The medications list was not specified in the records provided. Patient has had cervical MRI on 6/11/2013 which revealed diffuse desiccations of cervical spine and 2mm C5-6 osteophyte complex producing bilateral foraminal narrowing; EMG/NCS which revealed C6 radiculopathy and cervical X-rays on 10/29/2014. Patient has had acupuncture visits with improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Neck & Upper Back (updated 11/18/14)

Decision rationale: This is a request for MRI of the cervical spine without contrast. ACOEM/CA MTUS do not address this request. Per ODG neck/ upper back guidelines "Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Patient has had cervical MRI on 6/11/2013 which revealed diffuse desiccations of cervical spine and 2mm C5-6 osteophyte complex producing bilateral foraminal narrowing; EMG/NCS which revealed C6 radiculopathy. Significant change in signs or symptoms since previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Response to prior conservative therapy for this injury including physical therapy and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or significant neurocompression. The medical necessity of MRI of the cervical spine without contrast is not fully established in this patient at this time.

Acupuncture; 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is a request for Acupuncture; 12 sessions. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Per the records provided patient has had acupuncture visits for this injury. Previous acupuncture visit notes documenting ongoing significant functional improvement are not specified in the records provided. The medical necessity of Acupuncture; 12 sessions is not fully established in this patient at this time.