

Case Number:	CM15-0004500		
Date Assigned:	01/16/2015	Date of Injury:	03/13/2008
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male, who sustained an industrial injury on 3/13/2008 while pushing and pulling a trailer door, which resulted in injury to the cervical spine and left shoulder. The diagnoses have included neuralgia/neuritis and cervical spondylosis. Treatment to date has included unspecified surgery left shoulder surgery in July 2008, followed by left cervical foraminotomies in 2009. Currently, the IW complains of left sided sub occipital and trapezial pain with some numbness radiating into the arm with weakness in the left arm. Objective findings included motor strength 5/5 in the upper extremities. There is +4/5 grip strength and wrist extensors. Hoffman sign is negative. On 12/30/2014, Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the neck without dye noting that the clinical findings do not support the medical necessity of the treatment, according to the guidelines. The ACOEM and ODG were cited. On 1/08/2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging (MRI) of the neck without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) without contrast of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment index, 12th edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.