

Case Number:	CM15-0100304		
Date Assigned:	06/02/2015	Date of Injury:	03/14/2005
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina
 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 59 year old female, who sustained an industrial injury on 3/14/2005. The current diagnoses are cervical degenerative disc disease, intractable neck pain, worsening cervical radiculopathy, muscle spasm, depression, and insomnia secondary to chronic pain. According to the progress report dated 4/15/2015, the injured worker complains of chronic, intractable neck pain and muscle spasms. She reports radiation of pain all the way down her right arm. She notes that her pain is "getting worse". The pain is rated 5-7/10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness to palpation over the right trapezius with pain radiating down from the neck through the trapezius into the mid deltoid on the right. There is decreased range of motion noted. The current medications are Norco, Neurontin, Flexeril, and Ibuprofen. Urine drug test and CURES report are consistent with current medication therapy. Treatment to date has included medication management, MRI studies, physical therapy, home exercise program, electrodiagnostic testing, and epidural steroid injection. The plan of care includes MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical spine MRI: 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 ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are:-Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction-Failure to progress in a strengthening program intended to avoid surgery-Clarification of the anatomy prior to an invasive procedure. The provided progress notes meet criteria as outlined above for MRI of the cervical spine. Therefore the request is medically necessary.