

Case Number:	CM15-0107083		
Date Assigned:	06/11/2015	Date of Injury:	09/13/2004
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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, Alabama,

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 a work related injury September 13, 2004, described as cumulative trauma, involving his neck and low back area. Past history included hernia repair 1997, 2005, right carpal tunnel surgery 2007, epidural injections 2004, 2006, 2007, and cervical epidural injections 2006 and 2008. According to a pain management physician's progress report, dated April 24, 2015, the injured worker presented for a routine office visit and medication refills. He reports his neck pain has increased since the last visit. The neck, left shoulder, left arm, and left sciatic leg pain is rated 3/10 with medication and 8/10 without medication. He continues to be able to walk, shop, and do chores with intermittent rest; dependent on the activity duration can range from 1-4 hours without rest. He has a normal gait. The cervical spine reveals spasm posteriorly, over bilateral trapezii and levator scapulae. Rotation is 30% restricted, flexion is 10% restricted, extension is 50% restricted, and positive for crepitus. Diagnoses are degeneration of cervical and lumbar intervertebral disc; cervical radiculopathy; osteoarthritis of spinal facet joint; lumbosacral radiculitis. Treatment plan included to continue with conservative measures, authorized medication; Lyrica and Norco and at issue, the request for authorization for an 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:

MRI of the cervical spine: Upheld

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): 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 evidence of significant change in the neurological condition of this patient indicating a new pathology. In addition, there is no documentation of a planned invasive procedure. Therefore, the request for an MRI of cervical spine is no medically necessary.