

Case Number:	CM15-0012117		
Date Assigned:	01/30/2015	Date of Injury:	01/14/2009
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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 was a female, who sustained an industrial injury, January 14, 2009. The injured worker was diagnosed with cervical myalgia, cervical myospasms, cervical sprain/strain, lumbar myalgia, lumbar myospasms, lumbar neuritis/radiculitis and lumbar sprain/strain. The injured worker previously received the following treatments lumbar sacral brace, aqua therapy and MRI 2002. According to progress note of November 19, 2013, the injured workers chief complaint was of complaining of pain in the neck, back, hips and foot rate 6 out of 10; 0 being no pain and 10 being the worse pain. The injured worker reports the pain was associated with weakness and numbness. The pain radiates to the arms, shoulders (right greater than the left) and left leg. The documentation submitted for review only contained a progress note from November 19, 2013. On December 23, 2014, the utilization review denied authorization for MRI 3.0 T for cervical spine. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 3.0 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 no medically necessary.