

Case Number:	CM15-0114420		
Date Assigned:	06/23/2015	Date of Injury:	12/10/2002
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/15/2015

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 (IW) is a 63 year old female who sustained an industrial injury on 12/10/2002. She reported gradual onset of pain in the neck and right upper extremity. The injured worker was diagnosed as having cervical strain with multiple levels of disc protrusions at C5-6, right shoulder strain, right forearm tendinitis and right carpal tunnel syndrome. Treatment to date has included right shoulder surgery in May 2007, and a second shoulder surgery in September 2010, and medications. Currently, the injured worker complains of progressive discomfort affecting the cervical spine with radiation of pain toward the right shoulder. MRI has demonstrated multiple levels of cervical disc deterioration. Her most recent MRI (06/18/2012) showed scant subarachnoid fluid in the midline at C4-5 and C5-6 and C6-7 contributing to borderline central stenosis. Disc disease was also noted at C2-3, C3-4, C4-5, C5-6, C6-7, and C7-T1. Treatment plans included renewal of Celebrex and a request for MRI of the cervical spine. A request for authorization is made for MRI cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 significant changes in the patient's conditions and symptoms suggestive of new pathology since her last MRI dated June 18, 2012. Therefore, the request for an MRI of cervical spine is no medically necessary.