

Case Number:	CM15-0117628		
Date Assigned:	06/25/2015	Date of Injury:	11/04/2002
Decision Date:	07/30/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/17/2015

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 64 year old female with an industrial injury dated 11/04/2002. Her diagnoses included right cervical 6 radiculopathy confirmed by EMG/nerve conduction and MRI, cervical 5 - cervical - 7 stenosis, lumbar 5-sacral 1 disc degeneration, status post lumbar 1-5 microdiscectomy, symptoms resolved and right carpal tunnel syndrome, status post right carpal tunnel release. Prior treatment included diagnostics, chiropractic treatment, microdiscectomy at lumbar 5-sacral 1, right wrist surgery, physical therapy, medications and psychiatric treatment. She presents on 05/19/2015 with complaints of ongoing neck pain radiating down the right arm and into the right thumb with occasional tingling of the index and long finger. The pain is rated as 8-9/10. Physical exam of the cervical spine noted tenderness with spasm over the right trapezius at the superior scapular border. There was hypersensitivity over the right cervical 6 and 7 dermatome distributions and Spurling's test was positive on the right. Motor strength of the upper extremities was normal. Treatment plan included updated MRI scan of the cervical spine (to address the degree of stenosis) and pain management consultation. The request is for MRI cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low 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. In this case, the patient's diagnoses included right cervical 6 radiculopathy confirmed by EMG/nerve conduction and MRI. There is no documentation of significant change in the patient's condition suggestive of new pathology. Therefore, the request for an MRI of cervical spine is not medically necessary.