

Case Number:	CM15-0121523		
Date Assigned:	07/02/2015	Date of Injury:	01/25/2010
Decision Date:	07/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/23/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on 1/25/2010, resulting from cumulative trauma. The injured worker was diagnosed as having cervical strain with left greater than right upper extremity radiculopathy. Treatment to date has included diagnostics, physical therapy, acupuncture, psychological treatment, and medications. Currently (5/07/2015), the injured worker returned to the office for follow-up (after nearly three years), with complains of neck pain radiating to his both shoulders and scapulae. His symptoms were rated 3-4/10. Exam of the cervical spine noted slightly decreased range of motion, moderate to severe paraspinal spasms, positive cervical compression test bilaterally, positive maximal foraminal compression more on the left, and some loss of sensation in the C5 nerve distribution bilaterally, and the C5-6 nerve distribution on the left. Magnetic resonance imaging of the cervical spine was referenced in 2010 and 2012. The treatment plan included updated magnetic resonance imaging of the cervical spine and physical therapy. He was to remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Review indicates the patient has not been seen for few years for this chronic injury of 2010. The patient had multiple previous MRIs of the cervical spine. Per utilization reviewer discussion with the provider on 5/19/15, although the patient exhibited slight loss of sensation in the C5, C6 dermatome, there are no motor or reflexive deficits or indication if findings are acute or progressive. The provider noted awaiting for physical therapy to be approved; thereby, it appears, conservative treatment trial to include therapy has not been started to assess for possible functional benefit. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, this has not been clearly demonstrated here. Clinical report does not demonstrate such criteria and without clear specific evidence to support repeating the diagnostic study. The MRI (Magnetic Resonance Imaging) of the cervical spine is not medically necessary or appropriate.