

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0122509 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 11/16/1998 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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:

This 64-year-old male sustained an industrial injury to the neck on 11/16/98. Previous treatment included cervical epidural steroid injections and medications. Cervical spine x-rays (6/2/15) showed disc space collapse at C5-6 and C6-7 with multilevel spondylosis and facet joint arthropathy. In a new patient consultation dated 6/3/15, the injured worker complained of pain to the neck with radiation to bilateral upper extremities and loss of strength in bilateral hands, arms and shoulders. Physical exam was remarkable for cervical spine with diffuse tenderness to palpation, decreased range of motion and normal paracervical muscle strength, bilateral shoulders with mildly decreased range of motion and intact motor strength and deep tendon reflexes to bilateral upper and lower extremities. Current diagnoses included cervicgia, cervical spine spondylosis without myelopathy, C5-6 and C6-7 degenerative disc disease and upper extremity radiculopathy. The treatment plan included magnetic resonance imaging cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) (Magnetic resonance imaging) (MRI) 2014.

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. In this case, an MRI of the cervical spine was performed on July 2, 2014, which revealed C5-6 3mm paracentral disc protrusion and neuroforaminal stenosis. Since then, the patient did not have significant change in symptoms and/or findings suggestive of new pathology. Therefore, the request for an MRI of cervical spine is not medically necessary.