

Case Number:	CM15-0123141		
Date Assigned:	07/07/2015	Date of Injury:	05/09/2012
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: California
 Certification(s)/Specialty: Emergency 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 52 year old female, who sustained an industrial injury on 5/9/12. She reported pain in the head, neck and bilateral shoulders. The injured worker was diagnosed as having displacement of the cervical discs without myelopathy. Treatment to date has included physical therapy, chiropractic treatment, massage, heat/ice application, TENS, and medication. Physical examination findings on 4/6/15 included cervical spine range of motion was 25% of full with pain in all movements. A physician's report dated 3/2/15 noted a MRI of the cervical spine revealed significant C5-6 posterior disc bulge encroaching against the thecal sac with bilateral foraminal narrowing. At C6-7 central disc protrusion with foraminal narrowing was noted. Currently, the injured worker complains of neck pain rated as 9/10. The treating physician requested authorization for a MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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): 178-179.

Decision rationale: The requested MRI of the cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has neck pain. The treating physician has documented cervical spine range of motion was 25% of full with pain in all movements. A physician's report dated 3/2/15 noted a MRI of the cervical spine revealed significant C5-6 posterior disc bulge encroaching against the thecal sac with bilateral foraminal narrowing. At C6-7 central disc protrusion with foraminal narrowing was noted. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength, nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the cervical spine is not medically necessary.