

Case Number:	CM15-0124777		
Date Assigned:	07/09/2015	Date of Injury:	12/09/2001
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year-old female patient who sustained an industrial injury on 12/09/2001. A primary treating office visit dated 03/05/2015 reported the patient with subjective complaint of having no recent change in her symptoms. She reports ongoing pain and stiffness in the neck. Of note, she did undergo a right DeQuervain's release procedure on 01/28/2015 (under another claim. She also states the cervical epidural did not help with the pain reduction and she is still with continued low back pain and weakness into the left leg. She reports taking medication to control the pain. Prescribed medications are: Flexeril, OxyContin, Xanax and Norco 10/325mg. The patient is to remain permanent and stationary. The treating diagnoses at a follow up on 05/20/2015 showed: chronic bilateral L5 radiculopathy; chronic pain; large disc herniation C5-6 with moderate spinal canal and bilateral neuroforaminal stenosis; moderate l3-4 disc herniation with moderate left neuroforaminal stenosis; Opioid dependence, and status post lumbar fusion at L4-5 and L5-S1. The plan of care noted recommending discectomy and fusion at C5-6 and a lumbar epidural injection at L3-4. A brace was distributed along with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of 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, Online, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the cervical spine and the request is not medically necessary.