

Case Number:	CM15-0124998		
Date Assigned:	07/09/2015	Date of Injury:	10/18/2013
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
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: 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 66 year old male, who sustained an industrial injury on 10/18/13. He reported neck pain radiating to the right arm. The injured worker was diagnosed as having neck pain, cervical spondylosis with radiculopathy including advanced degenerative disc disease at C5-6 and C6-7 with associated bilateral severe neural foraminal narrowing, cervical degenerative scoliosis, cervical degenerative disc disease, and neurological deficits with bilateral triceps weakness as bilateral intrinsic weakness. Treatment to date has included massage, chiropractic treatment, acupuncture, and medication. Currently, the injured worker complains of neck pain that radiates to the arm, elbow, forearm, and fingers. The treating physician requested authorization for a MRI without contrast 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 without Contrast of 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 without Contrast of 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 that radiates to the arm, elbow, forearm, and fingers. The treating physician has documented positive neurologic exam findings, but has not documented evidence of an acute clinical change since a previous cervical spine imaging study. The criteria noted above not having been met, MRI without Contrast of Cervical Spine is not medically necessary.