

Case Number:	CM15-0125194		
Date Assigned:	07/09/2015	Date of Injury:	02/03/2004
Decision Date:	08/07/2015	UR Denial Date:	06/01/2015
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:

This 52 year old female sustained an industrial injury on 2/03/04. She subsequently reported back and bilateral knee and bilateral hand pain. Diagnoses include lumbar and cervical disc displacement without myelopathy. Treatments to date include MRI testing, left knee surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain and neck pain that radiates to the bilateral upper extremities. Upon examination, there was tenderness to palpation on the trapezius and cervical paraspinal. Letter of appeal dated 6/9/15 was reviewed. It provided a summary of MRI of spine dated 11/7/08 that showed signs of demyelinating disease, C2-3, C3-4, C4-5 and T3-4 disc bulges. Full report was not provided for review. Rationale for MRI provided was reviewed. A request for cervical MRI was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back.

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

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. Documentation provided in letter of appeals provides enough information to recommend MRI of cervical spine. There is documentation of worsening symptoms with concern for worsening spinal disc bulges vs. demyelinating disease. Concern of worsening neurological deficits with decrease home function supports need for MRI. MRI of cervical spine is medically necessary.