

Case Number:	CM15-0174119		
Date Assigned:	09/15/2015	Date of Injury:	01/23/2015
Decision Date:	10/15/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/03/2015

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 51-year-old male, who sustained an industrial injury on 01-23-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical pain with myelopathy and stenosis, constipation and anxiety. Medical records (06-30-2015 to 08-26-2015) indicate ongoing, but improving, neck pain with radiating pain to bilateral upper extremities, leg pain, and lower extremity weakness. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 08-11-2015 and 08-26-2015, revealed no significant changes in the physical exams with continued symptoms of myelopathy, yet improvement was reported. The PR, dated 08-26-2015, noted a pain level of 6 out of 10; however, the previous report did not mention a pain severity level. Relevant treatments have included C3-7 posterior laminectomy surgery (04-2015) with slow and steady improvement, physical therapy (PT), work restrictions, and pain medications (Norco since at least 2002). A cervical x-ray report was available for review (07-15-2015) and showed intact left-side laminectomy braces from C3-C7 and no changes in degenerative spurs. The PR (08-26-2015) shows that the following service was requested: MRI of the cervical spine without contrast. The original utilization review (09-03-2015) denied the request for MRI of the cervical spine without contrast based on no recent changes on x-ray and improving symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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 neck and the request is not medically necessary.