

Case Number:	CM15-0177037		
Date Assigned:	09/28/2015	Date of Injury:	06/20/2011
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old female, who sustained an industrial injury on 6-20-2011. The injured worker is undergoing treatment for: status post two level anterior cervical decompression and fusion at C4 through C6 with residuals, C5-C6 pseudoarthrosis, non-compliance with brace, thoracic spine degenerative disc disease, status post posterior interlaminar laminotomy at C5-C6 bilaterally, hypertension, and status post right wrist arthroscopy. On 5-12-15, she reported headaches rated 8 out of 10, neck pain with radiation to the bilateral upper extremities rated 8 out of 10, low back pain with radiation to the bilateral lower extremities rated 8 out of 10, bilateral shoulder pain with radiation to the bilateral upper extremities and associated numbness and tingling rated 8 out of 10, and bilateral wrist and hand pain with radiation into the bilateral upper extremities and associated numbness and tingling rate 6 out of 10. She also reported muscle spasms and rigidity in the right trapezius muscle and associated numbness and tingling in the right arm. Physical examination revealed decreased cervical spine range of motion with audible crepitus noted, and decreased grip strength bilaterally. She is currently undergoing physical therapy. On 8-11-15, she reported neck pain rated 7 out of 10, bilateral shoulder pain rated 7 out of 10, right wrist and hand pain rated 8 out of 10, left wrist and hand pain rated 6 out of 10, and low back pain rated 7 out of 10. She is no longer attending physical therapy. The treatment and diagnostic testing to date has included: physical therapy (completed amount unclear), status post neck surgery (10-24-13), x-ray of the thoracic spine (date unclear), cervical spine surgery (8-7-14), right wrist surgery (date unclear), home exercise program. Medications have included: Tylenol number 3, Cyclobenzaprine, Prilosec. Current work status: noted to be deferred to primary treating physician. The request for authorization is for: magnetic resonance imaging scan of the cervical spine. The UR dated 8- 26- 2015: non-certified magnetic resonance imaging scan 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 scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in June 2011 and underwent a two level anterior cervical decompression and fusion in October 2013. She has a pseudoarthrosis and underwent an interlaminar laminotomy at C5/6 in August 2014. When seen, she was having constant neck, bilateral shoulder, and bilateral wrist pain with numbness and tingling. Physical examination findings included cervical, anterior neck, and posterior scapular tenderness. There was decreased and painful upper extremity range of motion. There was decreased and painful cervical flexion and rotation. She had mid thoracic spasms. There was decreased grip and overhead weakness. The assessment references obtaining an MRI scan of the cervical spine to further evaluate the pseudoarthrosis. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan. Plain film x-ray with flexion and extension views would be the appropriate initial test to further evaluate the pseudoarthrosis. An MRI scan is not medically necessary.