

Case Number:	CM15-0179511		
Date Assigned:	09/21/2015	Date of Injury:	07/10/2015
Decision Date:	10/26/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on 7-10-2015. Medical records indicate the worker is undergoing treatment for cervical strain versus discopathy-radiculopathy and bilateral wrist tenosynovitis. A recent progress report dated 7-22-2015, reported the injured worker complained of intermittent neck pain that radiated to bilateral arms with bilateral wrist and hand pain that was aggravated by gripping, chores, fine manipulation and use of both hands. Physical examination revealed increased tone with tenderness about the paracervical and trapezius muscles, no shoulder or elbow tenderness noted and bilateral hands were diffusely tender. Cervical range of motion was forward flexion, extension and right and left lateral flexion was 40 degrees, right rotation was 60 degrees and left rotation was 55 degrees. Treatment to date has included physical therapy, Gabapentin, Lisinopril and Simvastatin. On 7-22-2015, the Request for Authorization requested cervical spine magnetic resonance imaging. On 8-17-2015, the Utilization Review noncertified a request for a cervical spine magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include: emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, there is no objective evidence of tissue insult, nerve impairment or other red flags that would indicate the need for a cervical MRI. The request for MRI of cervical spine is not medically necessary.