

Case Number:	CM15-0065983		
Date Assigned:	04/13/2015	Date of Injury:	03/02/2010
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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, Georgia

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 56 year old male, who sustained an industrial injury on 03/02/2010. The injured worker is currently diagnosed as having cervical and lumbar disc disease, lumbar radiculitis, and lumbar herniated nucleus pulposus. Treatment to date has included electromyography, lumbar epidural steroid injections, lumbar spine MRI, home exercise program, physical therapy, chiropractic treatment, and medications. In a progress note dated 11/13/2014, the injured worker presented with complaints of cervical spine, lumbar spine, right shoulder, right hand, left hip, and left leg pain. The treating physician reported requesting authorization for cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record demonstrates findings consistent with right sided upper extremity radiculopathy which are new since the previous MRI. Conservative therapy has been ineffective. Cervical MRI is medically necessary.