

Case Number:	CM15-0073120		
Date Assigned:	04/23/2015	Date of Injury:	08/31/2011
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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, 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(n) 46-year-old male, who sustained an industrial injury on 8/31/11. He reported pain in the head, back and hand due to falling off a tanker truck. The injured worker was diagnosed as having lumbago, chronic cervicgia with intermittent radiculopathy and lumbosacral neuritis. Treatment to date has included a physical therapy, an EMG/NCV study and pain medications. As of the PR2 dated 3/10/15, the injured worker reports pain and numbness that radiates down the bilateral upper extremities. He rated his pain 7/10 with medications and 10/10 without medications. The treating physician noted tenderness and spasms in the cervical paravertebral muscles. The treating physician requested a cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-178.

Decision rationale: The ACOEM guidelines state, "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss the selection of an imaging test to define a potential cause (MRI for neural or other soft tissue, CT for bony structures)." This claimant has pain and numbness radiating to the right shoulder and down the arm to the wrist with decreased sensation over the right C6, C7, and C8 dermatomes. There are, however, no red flag conditions (severe and progressive neurologic findings) or evidence of recent non-operative (conservative) treatment trials and failures in order to justify an MRI. An EMG/NCV has also not been performed to demonstrate nerve impairment. Therefore, the request is not medically necessary.