

Case Number:	CM15-0073551		
Date Assigned:	04/23/2015	Date of Injury:	04/02/2012
Decision Date:	05/21/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/17/2015

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: Arizona, California
 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 63 year old male, who sustained an industrial injury on 4/2/2012. He reported neck pain and headaches. The injured worker was diagnosed as having history of chronic recurring cervical strain, presumptive cervical stenosis, and cervical disc herniation. Treatment to date has included neck surgery, medications, bilateral wrist surgeries, and electrodiagnostic studies. The request is for magnetic resonance imaging of the cervical spine without dye. On 3/5/2015, he is seen for continued neck pain with upper extremity paresthesias. The treatment plan included magnetic resonance imaging of the cervical spine. The records indicate he failed conservative treatment.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 13th Edition (Web) 2015 Neck, Magnetic resonance imaging.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant underwent a fusion 2 years prior. The subsequent result of an EMG/NCV was normal and the MRI findings were consistent with prior fusion. The request for the MRI of the cervical spine was not medically necessary.