

Case Number:	CM15-0077909		
Date Assigned:	04/29/2015	Date of Injury:	03/03/2014
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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 59 year old female, who sustained an industrial injury on March 3, 2014. She reported a large clock landed on her head and neck. The injured worker was diagnosed as having chronic axial neck pain and radiating arm pain status post work related injury with subsequent anterior cervical discectomy and fusion (ACDF) C3 to C6 March 10, 2014, persistent neck and right arm pain rule out pseudoarthrosis and transitional stenosis, and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included cervical spine fusion, physical therapy, and medication. Currently, the injured worker complains of neck pain that radiates down her right arm into the hand, with pain in the right elbow and triceps region. The Initial Orthopaedic Spine Consultation dated March 26, 2015, noted the injured worker's medications included Norco, Naproxen, and Flexeril. Physical examination was noted to show tenderness to palpation with associated spasms in the lower part of her neck and upper trapezius region on both sides. The treatment plan was noted to include a recommendation for a CT scan and MRI to make sure there were no problems above or below the level of fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT cervical spine: Upheld

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 CT 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 does not include any such physical examination findings and no surgical intervention is proposed in the records. Cervical CT is not medically indicated.

MRI cervical spine: Upheld

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 does not include any such physical examination findings and no surgical intervention is proposed in the records. Cervical MRI is not medically indicated.