

Case Number:	CM15-0091689		
Date Assigned:	05/18/2015	Date of Injury:	03/27/2014
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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 54 year old male, who sustained an industrial injury on 3/27/14. The injured worker was diagnosed as having cervicgia, wrist sprain/strain and umbilical hernia. Treatment to date has included oral medications and activity restrictions. Currently, the injured worker complains of continued neck pain and tightness with looking up, down and lifting arms. He noted shaking/weakness with baclofen and is tolerating valium and Tylenol. He is currently not working. Physical exam noted tightness of neck, decreased range of motion, tenderness to palpation and sub occipital tenderness. The treatment plan included a request for authorization for continuation of valium and Tylenol; (EMG) Electromyogram/(NCV)Nerve Condition Velocity studies of bilateral upper extremities, cervical (MRI) magnetic resonance imaging, physical therapy and referral for pain specialist to evaluate for cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Minnesota Rules).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-172.

Decision rationale: The patient sustained an injury in March of 2014. He was subsequently diagnosed with cervicalgia. He had an MRI on 8/2014 which revealed moderate multilevel disc disease with foraminal narrowing. The request is for a repeat MRI but there is poor legible documentation revealing a significant change in neurologic status as well as the proposed change in treatment plan based on these results. Pending further clarification, an MRI is not medically necessary.