

Case Number:	CM15-0095307		
Date Assigned:	05/21/2015	Date of Injury:	07/29/2013
Decision Date:	06/25/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational 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 35-year-old female who sustained an industrial injury on 07/29/2013. Current diagnosis includes brachial neuritis or radiculitis. Previous treatments included medication management, right shoulder injection, and physical therapy. Previous diagnostic studies include a MRI of the cervical spine dated 09/12/2013, and EMG/NCS dated 01/06/2015. Initial injuries included pain in the neck and right shoulder. Report dated 04/17/2015 noted that the injured worker presented with complaints that included neck pain with cervicogenic headache, which radiates down the right arm into the trapezius and periscapular region and ulnar forearm and fingers. Pain level was not included. Physical examination was positive for Spurling's sign with limited range of motion due to pain, decreased sensation in the right C7-type distribution, and decreased strength. The treatment plan included a request for a cervical MRI due to being highly symptomatic and it has been almost 18 months since the last MRI. It was noted that the repeat MRI is necessary to access the current pathology. Disputed treatments include MRI of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Indications for MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI cervical spine without contrast is not medically necessary.