

Case Number:	CM15-0096357		
Date Assigned:	05/26/2015	Date of Injury:	10/19/2013
Decision Date:	06/30/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 53-year-old female who sustained an industrial injury on 10/19/2013. Diagnoses include cervical thoracic strain/arthrosis with possible neural encroachment, bilateral shoulder strain/impingement syndrome with possible intra-articular injuries and posttraumatic head injury syndrome and headaches with positional vertigo. Treatment to date has included medications, physical therapy, ENT consult and acupuncture. According to the treating physician's progress notes dated 4/2/15, the injured worker reported a decrease in vertigo and an increase in headaches with associated nausea. She also complained of neck stiffness with bilateral upper extremity radicular symptoms. On examination, the cervical spine was tender to palpation, Spurling's test and bilateral foraminal compression test were positive and the neurovascular exam to the upper extremities was normal. An MRI of the cervical spine on 1/29/14 showed disc degeneration, facet arthritis and disc protrusion at C5-6, C6-7 and T1-2. A request was made for MRI of the cervical spine without contrast due to continued neck pain with bilateral radicular symptoms in the upper extremities.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, MRI and Magnetic Resonance Imaging and Low Back Pain in Adults; A Diagnostic Imaging Study of 40-Year-Old Men and Women; Spine; 2005; 30(10):1173-1180, Medscape.com.

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

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker is complaining of neck pain with radiation and has positive Spurling's test and bilateral foraminal compression test on clinical examination. The prior imaging study was well over one year ago, and she has failed conservative care including physical therapy and acupuncture. The request for MRI of the Cervical Spine to aid in further treatment planning is medically necessary and appropriate.