

Case Number:	CM14-0145907		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2011
Decision Date:	10/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old male who sustained an injury to his neck on 05/10/11 when a metal bar fell and impacted the right side of the injured worker's head when he was loading 5 gallon containers of paint. Plain radiographs of the cervical spine dated 07/06/11 revealed degenerative changes with discogenic disease at C4-5 and C5-6; mild to moderate bilateral neuroforaminal narrowing at C4-5 and C5-6 due to uncovertebral and facet hypertrophy; it was noted that CT and MRI of the head reportedly revealed no intracranial abnormalities. MRI of the cervical spine dated 08/18/11 revealed intervertebral disc disease and degenerative changes; mild grade 1 retrolisthesis of C5 on C6 measuring approximately 2mm; disc bulge osteophyte complexes with associated central subtle tears along C5-6 and C6-7; no significant central canal stenosis was appreciated; C5-6, mild bilateral recess encroachment with mild to moderate left sided neuroforaminal narrowing; no evidence of acute compression fracture. The clinical note dated 08/12/14 reported that the injured worker complained of persistent headaches and neck pain. The injured worker also noted numbness primarily on the right. Physical examination noted decreased sensation in the right C5-6 dermatome. MRI was requested to see if there is evidence of radiculopathy on the right side.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that based on the clinical information submitted for this review and using the evidence based, peer reviewed guidelines reference, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for an MRI of the cervical spine is not indicated as medically necessary.