

Case Number:	CM14-0173049		
Date Assigned:	10/23/2014	Date of Injury:	09/13/2012
Decision Date:	11/25/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Practice and is licensed to practice in California. 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:

41 yr. old female claimant sustained a work injury on 5/1/12 involving the neck and shoulder. She was diagnosed with a herniated nucleus pulposus, bilateral shoulder derangement, bilateral carpal tunnel syndrome, and bilateral lateral epicondylitis. An MRI of the cervical spine in 2013 indicated she had 10% loss of C4-C5 with disc protrusion, compression fracture, and central canal narrowing. A progress note on 9/2/14 indicated the claimant had neck pain, which worsened with activities. Cervical distraction, foraminal testing, and decompression testing were positive. There were paravertebral spasms and reduced range of motion. The physician ordered a flexion/extension MRI of the Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI with Flexion and Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 207, 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: 41 yr. old female claimant sustained a work injury on 5/1/12 involving the neck and shoulder. She was diagnosed with a herniated nucleus pulposus, bilateral shoulder derangement, bilateral carpal tunnel syndrome, and bilateral lateral epicondylitis. An MRI of the cervical spine in 2013 indicated she had 10% loss of C4-C5 with disc protrusion, compression fracture, and central canal narrowing. A progress note on 9/2/14 indicated the claimant had neck pain, which worsened with activities. Cervical distraction, foraminal testing, and decompression testing were positive. There were paravertebral spasms and reduced range of motion. The physician ordered a Flexion/Extension MRI of the Cervical Spine.