

Case Number:	CM13-0044725		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2007
Decision Date:	08/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 Management and is licensed to practice in Tennessee. 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 patient is a 53-year-old female who has submitted a claim for nonradicular neck, mid back and low back pain and greater trochanteric bursitis associated with an industrial injury date of July 17, 2007. Medical records from 2010-2013 were reviewed, the latest of which dated September 19, 2013 revealed that the patient is having nonradicular neck and back pain. She is also having nonradicular mid back pain. On physical examination, there is trigger point tenderness. There is positive straight leg raising test on the right. Treatment to date has included medications which include tizanidine and Voltaren Gel. Utilization review from October 2, 2013 denied the request for Outpatient Cervical Spine MRI because there are no objective findings of radiculopathy, there is no indication of any recent treatment other than medication, and there is no indication that there has been any change in the patient's status.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL SPINE MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, 2004: <http://apgi.acoem.org/BROWSER/TREATMENTSUMMARY.ASPX?TSID=15>.(ONLINE VERSION).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient has neck and back pain described as nonradicular. There is no objective finding of radiculopathy in the cervical area. Moreover, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. There is no documentation of new injury or trauma to the spine. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. Therefore, the request Outpatient Cervical Spine MRI is not medically necessary.