

Case Number:	CM13-0062611		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	05/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 Medicine and is licensed to practice in Texas and Florida. 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 24 year old female who was injured on 9/21/2012. She is being treated for the following diagnoses - neck pain, migraine, bilateral knee pain, muscle spasm, low back pain and upper back pain. There are associated diagnoses of cervical spine fracture, depression and anxiety. There were subjective complaints of low back pain associated with numbness, weakness and decreased range of motion but the 12/12/12 EMG/NCS and a MRI of the lumbar spine were normal. These symptoms were attributed to the low back and not the cervical spine. Several evaluations by Neurologist [REDACTED] and [REDACTED] did not reveal any subjective findings of cervical spine skeletal or neuromuscular abnormality supporting the subjective complaints. On 5/8/2013 [REDACTED] diagnosed the patient with psychosomatic pain and referred her to psychiatry for pain management. The medication listed are Norco, ibuprofen and topical Flurbi (NAP) cream LA for pain and Soma for muscle spasm. A UDS on 12/18/12 was negative for prescribed Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The CA MTUS addressed the use of radiological investigations in the diagnoses of chronic neck conditions. The use of MRI was also addressed by ACOEM guidelines. Imaging studies can be useful if after 4 weeks of conservative management there is persistent or progressive neurological dysfunction. An MRI can be utilized to clarify the anatomic abnormalities prior to invasive pain procedures or surgery. The clinical records did not document any objective findings that supports cervical spine neurological abnormalities. The patient was diagnosed with significant psychosomatic pain syndrome, anxiety and depression that was related to the subjective complaints of pain. There is no documentation that these symptoms were effectively managed following psychiatric referral in May, of 2013. The request for MRI Scan of the cervical spine is not medically necessary.