

Case Number:	CM14-0010184		
Date Assigned:	02/21/2014	Date of Injury:	02/10/2011
Decision Date:	08/07/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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:

The patient is a 58-year-old female who has submitted a claim for unspecified neuralgia, neuritis and radiculitis associated with an industrial injury date of February 10, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of headaches and persistent neck pain radiating to the right hand and fingers. She also reported tingling in the bilateral hands and right shoulder. Physical examination showed tenderness of the cervical paraspinal muscles with guarding and mild spasm. Neurologic examination was normal. X-ray of the cervical spine done on December 4, 2013 showed hypolordosis at rest and severe spondylosis at C5-6 and C6-7 with complete loss of motion segment integrity. The diagnoses were headaches and cervical pain of possible industrial in origin. Treatment plan includes a request for MRI of the cervical spine. Treatment to date has included oral analgesics. Utilization review from January 10, 2014 denied the request for MRI of the cervical spine because no red flag conditions were reported. Also, invasive treatment is not considered at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) SCAN OF THE CERVICAL SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Plus, Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: According to pages 179-180 of the ACOEM Guidelines referenced by CA MTUS, imaging studies are supported for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there are subjective complaints of radiculopathy. However, neurologic examination showed normal findings. Further physiologic evidence of nerve dysfunction is needed prior to obtaining MRI studies of the cervical spine. There is likewise no surgical intervention being planned to necessitate MRI at this time. The medical necessity has not been established at this time. Therefore, the request for MAGNETIC RESONANCE IMAGING (MRI) SCAN OF THE CERVICAL SPINE is not medically necessary.