

Case Number:	CM14-0132241		
Date Assigned:	08/22/2014	Date of Injury:	02/01/2014
Decision Date:	10/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Pain Management 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 injured worker is a 48-year-old female who sustained work-related injuries on February 1, 2014. Per May 9, 2014 report, the injured worker started physical therapy twice a week for three weeks directed to the neck. On May 16, 2014, the injured worker had ergonomic evaluation and felt better since then. June 16, 2014 records indicate that her symptoms had 50% improvement. However, she still complained of pain in the right cervical area which she described as dull and intensity was minimal to mild. Objective examination noted tenderness at the right trapezius. Range of motion was full. She completed six physical therapy sessions however she still complained of pain. Tenderness, stiffness and spasm were noted in the neck and right shoulder. Per records dated July 23, 2014, she still complained of neck and right arm pain. Neck range of motion was full but with pain. She recommended to undergo acupuncture twice a week for three weeks. On July 10, 2014, she completed four out of six acupuncture sessions. She reported that she was able to swim but she was awakened by shooting pain the morning. After last treatment, she felt okay and rated her pain as 7/10 but would shoot up to 10/10. Most recent records dated July 23, 2014 documents that injured worker's condition has not improved significantly. Objective findings were not found. She was recommended to undergo cervical magnetic resonance imaging scan and acupuncture 2x3. She was recommended to continue work without restrictions. She is diagnosed with (a) neck sprain and (b) right shoulder sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 Page(s): 177-179.

Decision rationale: According to evidence-based guidelines, the criteria for ordering imaging studies include 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. Other guidelines indicate that there should chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain showing spondylosis, neurologic signs or symptoms present; chronic neck pain showing old trauma, neurologic signs or symptoms present; chronic neck pain, radiographs showing bone or disc margin destruction; suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain) and/or normal computed tomography; known cervical spine trauma equivocal or positive plain films with neurological deficit, and upper back/thoracic spine trauma with neurological deficit. In this case, the injured worker is noted to be experiencing persistent neck pain in spite of undergoing physical therapy and acupuncture sessions. However, records indicate that the objective findings do not indicate any neurological findings (e.g. weakness, numbness, radiculopathy). In fact, the injured worker is able to continue work without restrictions and experienced improvements with conservative treatments including physical therapy, acupuncture, and oral medications. Also, based on the clinical presentation of this injured worker, she does not meet or satisfy any of the above indications. Therefore, the request of MRI of cervical spine is not medically necessary and appropriate.