MAXIMUS Federal Services

Case Number:	CM14-0150395		
Date Assigned:	09/18/2014	Date of Injury:	01/12/2010
Decision Date:	10/23/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 55-year-old female with a reported date of injury on 01/12/2010. The mechanism of injury was cumulative trauma. The injured worker's diagnoses included chronic cervical sprain/strain. The injured worker's past treatments included medications, physical therapy, chiropractic care, thumb spica splint, trigger finger injection, and ergonomic evaluation. No previous diagnostic testing was provided. The injured worker's surgical history included right ring trigger finger release on 01/29/2014. The injured worker was evaluated on 08/29/2014 for complaints of neck and right shoulder pain. The injured worker had been to the emergency room and was told that she had cervical radiculitis, and was given medications. The clinician observed and reported spasm in the trapezius. Rotation was noted to be 50/50. Extension was noted to be 45 degrees. Motility is protective. As for deep tendon reflexes in the upper extremities, the documentation was illegible. The injured worker's medications included baclofen, Naprosyn, and Norco. The request was for a cervical spine MRI. The rationale for the request was radiculating pain to the bilateral upper extremities. The Request for Authorization was submitted on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back - Acute & Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging (MRI).

Decision rationale: The request for Open cervical MRI is not medically necessary. The injured worker complained of neck pain and reported she has always had neck pain. The Official Disability Guidelines state that for the evaluation of a patient with chronic neck pain, plain radiographs (3 view: anteroposterior, lateral, open mouth) should be the initial study performed. The provided documentation did not indicate that any x-rays had been performed. Additionally, open MRI's, as opposed to closed MRI's, are only indicated for patients with documented anxiety. Therefore, the request for Open cervical MRI is not medically necessary.