

Case Number:	CM14-0159133		
Date Assigned:	10/02/2014	Date of Injury:	08/03/2014
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 41 year old male who was injured on 8/3/2014. He was diagnosed with neck sprain/strain and lumbar sprain/strain. Initially he was treated with chiropractor treatments. Then on 9/10/14, he was seen by his treating physician reporting no change in his overall condition with modified work restrictions and 10 chiropractic treatments. He reported having neck pain which radiated down to both shoulders. Physical findings included tenderness of lower cervical spine, normal motor and sensory testing, and tenderness of lumbar spine. He was then recommended an MRI study to rule out "disc disease", and was told to complete 4 more chiropractor treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back (updated 8/4/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, the documentation submitted (limited) did not show evidence of the worker having tried physical therapy or medications as part of the initial conservative treatment. Also, physical findings at the time of the request for an MRI study of the cervical spine did not show any findings suggestive of disc disease causing radiculopathy. The worker, should complete conservative treatments fully before considering imaging, and more objective evidence of radiculopathy is required for MRI to be considered medically useful. Therefore, the MRI cervical spine is not medically necessary.