

Case Number:	CM14-0165041		
Date Assigned:	10/10/2014	Date of Injury:	08/06/2002
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal Medicine and is licensed to practice in Virginia. 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:

This is a year old patient who sustained injury on Aug 6 2002. She had ongoing issues with neck pain, headaches and back pain. The patient was diagnosed with sciatica and lumbar spinal stenosis/radiculopathy. She was also found to have chronic cervical IVD syndrome, right shoulder strain and adhesive capsulitis. She had a left knee arthroscopic debridement of chondromalacia of the patella and tibial plateau. She was prescribed Norco, Nucynta and Aucynta. An MRI of neck was ordered for further evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: 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): 166-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back pain MRI

Decision rationale: Per MTUS guidelines, conservative therapy is the mainstay of treatment and this is done for 3 months prior to further imaging. If symptoms do not resolve than, further workup is pursued. Per ODG, MRI indications for neck pain are:-Chronic neck pain, after 3

months of conservative treatment, radiographs normal, neurologic signs or symptoms present-neck pain with radiculopathy if severe or progressive neurologic deficit-Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present-Chronic neck pain, radiographs show old trauma-Chronic neck pain, radiographs show bone or disc margin destruction-suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury or sprain, radiographs and/or CT is normal-known cervical spine trauma or equivocal or positive plain films with neurologic deficit-upper back/thoracic spine trauma with neurologic deficit-Per guidelines cited and from the review of the clinical documentation provided, there is no indication for MRI at this time.