

Case Number:	CM14-0025239		
Date Assigned:	06/11/2014	Date of Injury:	10/14/2013
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 39-year-old female who reported an injury on 10/14/2013 due to continuous trauma. The clinical note dated 01/10/2014 noted the injured worker presented with complaints of cervical spine pain. Upon examination of the cervical spine the range of motion values were 45 degrees of flexion, 40 degrees of extension, 35 degrees of right lateral flexion, 40 degrees of left lateral flexion, 70 degrees of right rotation, and 60 degrees of left rotation. Electrodiagnostic evidence suggests cervical radiculopathy involving the right C5-6 right nerve root and trigger points. Prior treatments included chiropractic care and work conditioning. The provider recommended cervical spine MRI, the provider's rationale was not included. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178/.

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

Decision rationale: The CA MTUS/ACOEM Guidelines state that most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided that red flag conditions are ruled out. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a 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. There was a lack of evidence in the documentation of failed conservative treatment, to include physical therapy and medicine management. There was a lack of evidence of an emergence of a red flag, physiological evidence of a tissue insult, and evidence of failure to progress in a strengthening program intended to avoid surgery. Therefore, the request for cervical spine MRI is not medically necessary.