

Case Number:	CM14-0025405		
Date Assigned:	06/11/2014	Date of Injury:	05/12/2003
Decision Date:	07/18/2014	UR Denial Date:	01/28/2014
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, and is licensed to practice in Illinois. 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 62-year-old female who reported an injury 05/12/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 01/22/2014 indicated the injured worker reported pain in the neck, arm, upper back, shoulder, and scapula and headaches rated 9/10. On physical exam, the injured worker had tenderness to the cervical spine with limited range of motion. The injured worker's extension was 15 degrees and lateral rotation was 45 degrees. The injured worker had tenderness to the trapezius and shoulders. The injured worker's prior treatments included a ganglion block and medication management. The injured worker's medication regimen included Naproxen. The provider submitted a request for MRI of the cervical spine. A request for authorization was not submitted for review to include the date the treatment was requested.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI OF CERVICAL SPINE is non-certified. The California MTUS/ACOEM Guidelines state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are: an 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. There is lack of documentation that conservative measures have been tried and failed. In addition, the injured worker is on Naproxen; however, there is lack of documentation of efficacy or functional improvement. Furthermore, there is no indication of a red flag, tissue insult or neurological dysfunction. Therefore, the request for MRI of cervical spine is non-certified.