

Case Number:	CM14-0026890		
Date Assigned:	03/05/2014	Date of Injury:	12/13/2010
Decision Date:	05/09/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 49-year-old female who reported an injury on 12/13/2010. The mechanism of injury was not provided. Current diagnoses include myoligamentous cervical spine sprain, multilevel cervical spondylosis, acute myofascial pain, complaints of right upper extremity numbness and tingling, myoligamentous thoracic spine sprain, multilevel thoracic spondylosis, myoligamentous lumbar spine sprain, multilevel lumbar spondylosis and difficulty sleeping. The injured worker was evaluated on 02/04/2014. The injured worker reported a significant increase in neck discomfort with numbness and tingling extending into the right upper extremity. Current medications include Norco 5/325 mg and Ibuprofen 600 mg. Prior conservative treatment was not mentioned. Physical examination revealed tenderness to palpation, equal strength throughout the bilateral upper extremities and intact sensation. Treatment recommendations included a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Repeat MRIs, ODG Cervical Spine MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test. The Official Disability Guidelines state indications for an MRI of the cervical spine include neck pain with radiculopathy and progressive neurologic deficit, chronic neck pain with prior radiographic films and neurologic signs or symptoms, suspicion for cervical spine trauma, or chronic neck pain after 3 months of conservative treatment with normal radiographic films. As per the documentation submitted, the injured worker has previously reported persistent neck pain with radiation to the right upper extremity. There is no evidence of a progression of symptoms or physical examination findings. There was no mention of an exhaustion of at least 3 months of conservative treatment. There were no plain films obtained prior to the request for an MRI. Additionally, the injured worker's physical examination revealed equal strength and intact sensation. Therefore, there was no evidence of neurologic signs or symptoms. Based on the afore-mentioned points, the request is non-certified.