

Case Number:	CM14-0049762		
Date Assigned:	07/07/2014	Date of Injury:	09/02/2011
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old female with a 9/2/11 date of injury. At the time (3/11/14) of the request for authorization for MRI for the cervical spine, there is documentation of subjective (constant neck pain, burning and cramping in character with spasms; the pain is associated with weakness, numbness, and giving way; the pain radiates to shoulders, arms and hands) and objective (tenderness to palpation, guarding and spasms noted over the paravertebral region and upper trapezius muscles bilaterally; 4/5 strength with flexion, extension, bilateral rotation and bilateral lateral flexion; range of motion was restricted due to pain and spasm; decreased sensation at the right C5-C6 dermatome) findings, current diagnoses (cervical myalgia, cervical myospasm, right-sided cervical neuritis/radiculitis (not otherwise specified), and cervical sprain/strain), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of cervical myalgia, cervical myospasm, right-sided cervical neuritis/radiculitis (not otherwise specified), and cervical sprain/strain. In addition, there is documentation of failure of conservative treatment and diagnosis of nerve root compromise, based on clear history and physical examination findings. Therefore, based on guidelines and a review of the evidence, the request for MRI for the cervical spine is medically necessary.