

Case Number:	CM14-0146430		
Date Assigned:	09/12/2014	Date of Injury:	06/29/2006
Decision Date:	01/22/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine 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:

The injured worker is a 58-year-old female who reported an injury on 06/29/2006. The mechanism of injury was not provided. Her diagnoses include cervical, thoracic, and lumbar spine herniated nucleus pulposus, stress, insomnia, and fatigue. Past treatments were noted to include medications and acupuncture. On 06/05/2014, it was noted the patient had persistent pain in her mid-back and low back with numbness and weakness to the lower extremities. She rated her pain 8/10. Upon physical examination, it was noted the patient had muscular spasm over the cervical spine region and no tenderness to palpation. The injured worker's medications were noted to include tramadol 50 mg, diclofenac 100 mg, omeprazole 20 mg, cyclobenzaprine 7.5 mg, and mirtazapine 15 mg. The treatment plan was noted to include medications, acupuncture, pain management consultation, and a psychologist/psychiatric consultation. A request was received for MRI of cervical spine without a rationale. The Request for Authorization was not provided.

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 Page(s): 165.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, the criteria for imaging studies are the emergence of a red flag, failure to progress in a strengthening program, and evidence of neurological deficits including decreased motor strength, decreased deep tendon reflexes, decreased sensation, and a positive Spurling's test. The clinical documentation submitted for review noted that this patient was benefitting from acupuncture therapy; however, it was not indicated that she was participating in an active therapeutic exercise program. It was also not indicated that there were any objective findings regarding neurological deficits, nor were red flags present. In the absence of documentation objective findings regarding neurological deficits, and request is not supported by the evidence based guidelines. As such, the request for MRI of Cervical Spine is not medically necessary.