

Case Number:	CM14-0190318		
Date Assigned:	11/21/2014	Date of Injury:	11/27/2012
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family 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 54 year old female with work place injury that occurred on 11/27/12. Claimant at time of injury worked as a machine operator. The mechanism is not noted in the medical record. The diagnosis is cervical spine strain with possible discopathy with radiculopathy to the upper extremities. This request is for an MRI of the cervical spine to rule out discopathy. At the time of injury the claimant's diagnosis were listed as very mild lumbar spine pain/strain, upper back contusion dated 02/20/13, thoracic spine. Sprain/strain upper back contusion dated 02/06/13, and same as the latter on 01/22/13. Per MD office visit dated 07/02/2014 claimant complains of neck and low back pain. The pain in her neck travels into her shoulders with complaints of numbness in her hands. MD office visit dated 10/24/14 states continued complaints as the latter. The claimant has sought employment as a babysitter and was released to work with the following restrictions, no lifting over 20 pounds and no repetitive bending or stooping. The claimant was ordered acupuncture that has provided temporary relief. Medications prescribed were Tramadol 50 mg and Omeprazole 20 mg. Per medical records submitted for review, there is no indication that cervical spine x-rays were completed.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 08/04/14)

MAXIMUS 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) Neck and Upper Back Online, MRI criteria online

Decision rationale: Regarding request for MRI, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Request is not reasonable as there is no indication that there has been failure of conservative therapy, or that there are red flags or that symptoms are severe or there is progressive neurologic deficit or that normal plain films have been obtained prior to this request. Recommend that this request is not medically necessary.