

Case Number:	CM14-0190451		
Date Assigned:	11/21/2014	Date of Injury:	09/19/2002
Decision Date:	05/01/2015	UR Denial Date:	11/03/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 09/19/2002. Initial complaints reported included mid and upper back and neck pain. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, cervical CT discogram (no date), physical therapy, chiropractic care, and acupuncture. At the time of the request for authorization, the injured worker complained of bilateral arm pain and paresthesia, and neck and upper back pain. Current diagnoses include cervical spondylosis, cervical spinal stenosis, cervicalgia and neuralgia/neuritis unspecified site. The treatment plan consisted of bilateral upper extremity electrodiagnostic testing and a MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient injured his neck/mid and upper back in 2002. His injuries were deemed nonsurgical. Request is now made for an MRI of the neck. MTUS guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three to four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for imaging studies are as follows: 1) emergence of a red flag 2) physiologic evidence of tissue insult or neurologic dysfunction 3) failure to progress in a strengthening program 4) clarification of the anatomy prior to an invasive procedure This patient meets none of these criteria. On physical exam of 08/11/14, there was no evidence of neurologic dysfunction. Motor strength, reflexes and sensation were all documented as normal. There was no tenderness of the neck and range of motion was normal with the exception of a mild decrease in extension. MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, herniation). This request is not medically necessary.