

Case Number:	CM14-0217473		
Date Assigned:	01/07/2015	Date of Injury:	03/25/2013
Decision Date:	04/14/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal Medicine

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 35 year old female, who sustained an industrial injury on 3/25/13. She reported neck injury. The injured worker was diagnosed as having cervical radiculitis, cervical disc bulge, right shoulder impingement syndrome/tendonitis and thoracic spine radiculitis. Treatment to date has included acupuncture, epidural injection, physical therapy, oral medications and anterior cervical discectomy (10/27/14). (MRI) magnetic resonance imaging of cervical spine was performed on 7/11/13 and (EMG) Electromyogram / (NCV) Nerve Condition Velocity studies were also performed. Currently, the injured worker complains of neck pain with shocking pain down the right upper extremity on an occasional basis. The current request is for (MRI) magnetic resonance imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck pain.

Decision rationale: MRI cervical spine. Per ACOEM guidelines, conservative therapy is the mainstay of treatment and this is done for 3 months prior to further imaging. If symptoms do not resolve than, further workup is pursued. Per ODG, MRI indications for neck pain are:-Chronic neck pain, after 3 months of conservative treatment, radiographs normal, neurologic signs or symptoms present- neck pain with radiculopathy if sever or progressive neurologic deficit- Chronic neck pain, radiographs showed spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma- Chronic neck pain, radiographs show bone or disc margin destruction-suspected cervical spine trauma, neck pain, clinical finds suggest ligamentous injury or sprain, radiographs and/or CT is normal known cervical spine trauma or equivocal or positive plain films with neurologic deficit-upper back/thoracic spine trauma with neurologic deficit. Per guidelines cited and from the review of the clinical documentation provided, there is no indication for MRI at this time.