

Case Number:	CM15-0002601		
Date Assigned:	01/13/2015	Date of Injury:	05/31/2002
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female who sustained an industrial injury on 5/31/2002. She has reported neck pain radiating to both arms. The diagnoses have included temporal-mandibular-juxtaposition (TMJ), bruxism (grinding), post cervical fusion and fibromyalgia. Treatment to date has included cervical 3-6 fusion, medication management, acupuncture and home inferential unit. Currently, the IW complains of chronic neck pain radiating to both arms. Treatment plan included magnetic resonance imaging of the cervical spine and mouth. On 12/5/2014, Utilization Review non-certified a magnetic resonance imaging of the cervical spine and mouth, noting the recent electromyography (EMG) and lack of medical necessity. The Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI body part: cervical spine, mouth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the MTUS, most patients presenting with true neck and upper back problems do not need special studies. Most patients improve quickly provided any red flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. A review of the injured workers medical records do not reveal any of the listed criteria per MTUS and therefore the request for MRI of the cervical spine, mouth is not medically necessary at this time.