

Case Number:	CM15-0007270		
Date Assigned:	01/29/2015	Date of Injury:	06/09/2014
Decision Date:	04/15/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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, California
 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 36 year old female, who sustained an industrial injury on 6/09/2014. Diagnoses include rule out cervical and thoracic herniated nucleus pulposus (HNP) and rule out cervical neuropathy. Treatment to date has included chiropractic care, consultations, diagnostics, medications and modified work. Per the Primary Treating Physician's Progress Report dated 11/03/2014, the injured worker reported neck, back and bilateral shoulder pain. She reported headaches and ringing in the left ear. Neck pain was rated as 8/10 and mid back pain rated as 8/10 with an occasional "shocking sensation or muscle twitch." Physical examination revealed tenderness to palpation of the cervical spine. She is wearing sunglasses due to light sensitivity. Cervical and thoracic range of motion is restricted. Wrist extension is 4+/5 on the left, 5/5 on the right. The plan of care included medications, additional chiropractic rehabilitative therapy, neurology consultation, medications and magnetic resonance imaging (MRI) of the cervical and thoracic spine. Authorization was requested for MRI of the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic resonance Imaging (MRI) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior CT scan but the result was not available. The exam findings did not indicate radicular or red flag symptoms but rather localized tenderness. The request for an MRI of the thoracic spine is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic resonance Imaging (MRI) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior CT scan but the result was not available. The exam findings did not indicate radicular or red flag symptoms but rather localized tenderness. The request for an MRI of the cervical spine is not medically necessary.