

Case Number:	CM15-0101636		
Date Assigned:	06/04/2015	Date of Injury:	12/17/2014
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California, Virginia
 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 68 year old female, who sustained an industrial injury on 12/17/2014. She has reported injury to the neck. The diagnoses have included neck sprain; thoracic strain; and degeneration cervical intervertebral disc. Treatment to date has included medications, diagnostics, cold/warm compresses, and physical therapy. Medications have included Nortriptyline, Cyclobenzaprine, and non-steroidal anti-inflammatory agents. A progress note from the treating physician, dated 05/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of posterior cervical pain; axial neck pain; headaches; and back pain. Objective findings included midline cervical tenderness; normal range of motion of the cervical spine; and sensation is intact bilaterally in all dermatomal distributions in the left and right upper extremities to soft and sharp touch. The treatment plan has included the request for repeat 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:

Repeat MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine, MRI.

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

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case there is no provided indication of neurologic dysfunction that is evidential of need for MRI, particularly with respect to changes from previous MRIs in April 2014 (x2) and therefore, per the guidelines, the request for MRI is not considered medically necessary.