

Case Number:	CM15-0106292		
Date Assigned:	06/10/2015	Date of Injury:	02/14/2015
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 47-year-old male who sustained an industrial injury on 02/14/2015. Diagnoses include headache, neck pain, paresthesia and low back pain. Treatment to date has included medications, physical therapy, acupuncture, chiropractic care and e-stim. According to the Doctor's First Report of Occupational Injury or Illness dated 4/27/15 the IW reported persistent low back pain rated 1-2/10 described as dull pressure; symptoms increased with lying down and there were no alleviating factors. He also reported forgetfulness and frequent nightmares. On examination, range of motion was significantly limited in the lumbar and cervical spine. Tenderness to palpation was present over the entire spine, worse in the cervical and lumbar regions. Facet loading maneuvers were positive; straight leg raise and Spurling's was positive on the left with sensation and strength intact. MRI of the lumbar spine from 3/6/15 showed posterior element degenerative change with evidence of facet fusion at L3-S1 - correlate clinically for ankylosing spondylitis and L4-5 mild bilateral foraminal stenosis. A request was made for an MRI of the cervical spine to determine whether employment activities contributed to the IW's current complaints.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "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 the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present ,Chronic neck pain, radiographs show bone or disc margin destruction, Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal," Known cervical spine trauma: equivocal or positive plain films with neurological deficit - Upper back/thoracic spine trauma with neurological deficit". This patient is 4 months status post MVA. Patient has continued complaints of neck pain and numbness to left upper extremity with decrease sensation and decreased reflexes of the left upper extremity, despite conservative therapy. The treating physician documents tenderness to palpation worse in the cervical and lumbar regions, facet loading maneuvers were positive; straight leg raise and Spurling's was positive on the left. As such, the request for MRI of the cervical spine is medically necessary.