

Case Number:	CM15-0108156		
Date Assigned:	06/12/2015	Date of Injury:	09/06/2011
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Florida, California
 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 56 year old male, who sustained an industrial injury on 9/6/2011. The current diagnoses are cervical spine sprain/strain, dizziness, and headaches. According to the progress report dated 5/5/2015, the injured worker complains of upper back pain with radiation into the right shoulder. The pain is rated 5/10 on a subjective pain scale. Additionally, he reports headaches and dizziness. The medications prescribed are Cyclobenzaprine, Gabapentin, Naproxen, Omeprazole, and Tramadol. Treatment to date has included medication management, physical therapy, and acupuncture. The plan of care includes 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:

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging.

Decision rationale: This claimant was injured back in 2011, now 4 years ago. There was a cervical strain injury. There are still subjective pain complaints; however, there are no overt objective neurologic signs referable to the cervical spine noted. Although there is subjective information presented in regarding increasing pain, there are no accompanying physical radicular signs or progression of such signs since prior imaging assessment. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guide's state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is appropriately non-certified.