

Case Number:	CM15-0134279		
Date Assigned:	07/22/2015	Date of Injury:	02/13/2010
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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 33 year old male, who sustained an industrial injury on February 13, 2010. The injured worker reported the development of pain to the neck secondary to repetitive work activities. The injured worker was diagnosed as having cervical myalgia, cervical myospasm, right sided cervical radiculitis and neuritis not otherwise specified, cervical disc herniation without myelopathy, and cervical spinal stenosis. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, epidural injection to the cervical spine, medication regimen, electromyogram with nerve conduction velocity, and magnetic resonance imaging. In a progress note dated April 24, 2015 the treating physician reports complaints of constant, sharp, aching, cramping pain to the neck with associated symptoms of weakness, giving out, grinding, and spasms. Examination reveals tenderness, guarding, spasms to the cervical paravertebral muscles and the trapezius muscles bilaterally, decreased muscle strength with cervical range of motion, positive compression testing bilaterally with the left greater than the right, positive Spurling's testing, decreased sensation at the cervical five and six level, and decreased strength to the cervical seven level. The treating physician also noted occasional, burning, cramping pain to the right upper arm with associated symptom of weakness. The injured worker's neck pain was rated a 2 at rest and a 5 to 6 with activity on a scale of 0 to 10. The injured worker's right upper arm pain was rated a 0 at rest and a 3 with activities on scale of 0 to 10. The treating physician requested magnetic resonance imaging of the cervical spine (3.0 Tesla) without contrast with the treating physician noting that the injured worker has continued neck and upper arm pain.

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 (3.0 Tesla) without contrast: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are not met, such as emergence of a red flag; failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There was also a prior MRI (unknown date) but results are not included. The request for MRI of the cervical spine (3.0 Tesla) without contrast is determined to not be medically necessary.