MAXIMUS Federal Services

Case Number:	CM15-0135380		
Date Assigned:	07/23/2015	Date of Injury:	03/01/2007
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
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 52 year old female, who sustained an industrial injury on 3/1/07. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc disease with radicular pain; lumbosacral sprain/strain with radiculitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/10/15 indicated the injured worker complains of ongoing symptoms of the right upper extremity, cervical spine and low back. She is complaining mainly of right arm radiating pain but also describes right lower extremity radiating pain, cervical pain rated at 5/10. The lumbar spine pain is rated at 4/10. The provider indicates she has had no surgery and is not taking any medications and not working at this time. On physical examination of the cervical spine, he notes pain over the midline with full rotation. There is negative Spurling's test for radiating pain. Examination of the shoulder reveals forward elevation to 170 degrees, abduction to 150 degrees. There is mostly conduction of the shoulder with preserved strength and no evidence of myelopathy. She has full range of motion of the elbow, wrist and hand. She is able to heel/toe walk without difficulty. She can forward flex to 8 inches from the ground with extension 20 degrees with midline pain. Rotation is full to the right and left. He notes grossly preserved sensation of dermatome T5-S1. The provider notes she is symptomatic of the cervical spine and recommends a cervical MRI for expedited treatment. The provider is requesting authorization of MRI without contrast 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 without contrast of the 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 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies 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; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not medically necessary.