

Case Number:	CM15-0138645		
Date Assigned:	07/28/2015	Date of Injury:	12/19/2014
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48-year-old female sustained an industrial injury to the neck and back on 12/19/14. Previous treatment included physical therapy, chiropractic therapy and medications. In an evaluation dated 6/16/15, the injured worker complained of pain to the neck and back rated 9/10 on the visual analog scale with radiation to bilateral upper extremities. The injured worker reported having extra pain performing activities of daily living. Physical exam was remarkable for limited range of motion to the lumbar spine and cervical spine with reduced sensation and strength at the right C7 and right L5 distribution, right hand dystrophy, positive straight leg raise. Current diagnoses included cervical spine disc syndrome with sprain/strain and radiculopathy, thoracic spine sprain/strain, lumbar spine disc syndrome with sprain/strain and radiculopathy and complex region pain disorder; right upper extremity. The physician noted that the injured worker had had initial x-rays of the lumbar spine and thoracic spine but could not get magnetic resonance imaging approved. The physician recommended magnetic resonance imaging cervical spine and lumbar spine, electromyography/nerve conduction velocity test of bilateral upper extremities and a total body bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI (magnetic resonance imaging) for the cervical spine: Overturned

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): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is documentation of neurologic deficit in a dermatomal distribution and failure of conservative treatment for at least 3 months. As such, the requested cervical MRI is medically necessary.