

Case Number:	CM15-0139503		
Date Assigned:	07/29/2015	Date of Injury:	01/16/2015
Decision Date:	08/26/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts

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 injured worker is a 48-year-old male who reported an industrial injury on 1-16-2014. His diagnoses, and or impression, were noted to include sprain of the neck; and sprain of the lumbar region. No current imaging studies were noted. His treatments were noted to include a neuro-surgical consultation; acupuncture treatments; physical therapy; lumbar epidural steroid injection - ineffective; medication management; and rest from work. The progress notes of 7-1-2015 reported a follow-up visit with complaints of moderate-severe neck pain, right > left, that was occasionally felt going up the shoulders with numbness-tingling; and moderate-severe low back pain, left > right, with numbness-tingling and decreased range-of-motion. Objective findings were noted to include no acute distress; tenderness in the left para-cervical region with limited range-of-motion; and tenderness in the left lumbosacral region with decreased range-of-motion. The specific requests for treatment were noted to include magnetic resonance imaging studies of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One magnetic resonance imaging of the cervical spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck and low back pain with upper and lower extremity radiating symptoms when seen, there was cervical paraspinal tenderness with decreased range of motion. There was a normal neurological examination. There were no long tract signs. A cervical spine MRI was requested. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.