

Case Number:	CM15-0145761		
Date Assigned:	08/07/2015	Date of Injury:	02/19/2015
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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, California
 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:

This 46 year old man sustained an industrial injury on 2-19-2015. Diagnoses include cervical spine sprain-strain with spondylosis and radiculopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 6-22-2015 show complaints of cervical spine pain. The patient has had radicular pain in the right upper extremity with tingling sensation. Physical examination of the cervical spine revealed limited range of motion, normal sensation, no atrophy and no spasticity and Spurling test was not performed. Recommendations include open cervical spine MRI, continue chiropractic care, and reschedule eye appointment. The patient has had X-ray of the cervical spine that revealed spondylosis at C5-6 on 2/21/15. The patient had received an unspecified number of PT visits for this injury. The current medication list was not specified in the records specified. The patient sustained the injury when a big chunk of debris fell on him.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI Cervical Spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend RRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags. Diagnoses include cervical spine sprain-strain with spondylosis and radiculopathy. Physician notes on a PR-2 dated 6-22-2015 show complaints of cervical spine pain. The patient has had radicular pain in the right upper extremity with tingling sensation. Physical examination of the cervical spine revealed limited range of motion. The patient has had X-ray of the cervical spine that revealed spondylosis at C5-6 on 2/21/15. Patient has been treated conservatively with physical therapy and medications and still has significant radicular pain in the right upper extremity with tingling sensation. At this time an imaging study of the cervical spine (MRI) is indicated to further evaluate the cause of the persistent symptoms. The request for MRI Cervical Spine is medically necessary and appropriate for this patient at this time.